Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box 20	2501 Γ 59620-2501		School Year 2004- 2005 Jue to School Clerk June 1		
Elementary District Responsi	ble for Reimbursing the Co	ntract	County	<u> </u>	Legal Entity
High School or K-12 District F	Responsible for Reimbursir	ig the Contract	County		Legal Entity
Manhattan H S			Gallatin		0348
Is this contract shared be ☐ yes ☐ no	ween elementary and h	nigh school?			
Are you applying for isola (If yes, please attach expl		□ No	Student Name	School	Grade
ISOLATION: Section 20-10- rates for special circumstance increased rates, individual cir trustees of the district, the co	142, MCA, provides for inc es of isolation of residence cumstances must be revie	In order to receive wed and approved by the	Student Name	School	Grade
Public Instruction. (10.7.116 A	ARM provides guidelines fo	or such.)	Student Name	School	Grade
District Trustees and the Cou		tee.			
Elem District Approval	es 🗆 no		Student Name	School	Grade
County Approval			THIS CONTRACT IS FO Grades 1-12 □ 1st Semester Only		□ Both Semesters
Craig Morgan			Pre-kindergarten/Kinderg	☐ 2nd Semester Only	Both Semesters
Physical Address (street a	address only):		☐ 1st Semester Only		□ Both Semesters
Distance from home to ne Elementary 0 HS  Contract is for one-wa Students in Each Grade Level - O	S 0  arrest bus stop, if any (c) 10.6  y only  nly include the students to be core-K  K	.,	by this contract: To or from Bus Stop To or from School Kindergarten child ride To or from Bus Stop To or from School  Deadlines: PARENTS: Due to Scho CLERKS: Send original files.  COUNTY SUPERINTEN copy for your files.  RE	times per day,times per day,s without other schooltimes per day,times per day,times per day,tool Clerk June 1.	to OPI by July 10, retain a
Reg. Contingency Spec. Ed. Contin.			Reimbu	rsement rate is determ 20-10-142, MCA.	ined by
insured driver will transpor  In March and June, the Distransported for the past se  The payment shall be com	or provide transportation for the the students. Mileage contractrict shall pay the parent the sumester.	student(s) to and from the scho ts are valid only when transporta m officially approved in the appli lule established in Section 20-10	after referred to as the District(s).  not or bus stop on the days when school is in ation for the distance reported on the contractication upon certification by the teacher or prior.  142, MCA, and the information accompanyinger enrolled in school, whichever occurs first	session. The parent or guardiatactually occurs. ncipal of the school of the num	
Elementary School Distric	ct Chair, Board	of Trustees			Date
High School District Manhattan H S	Chair, Board	of Trustees			Date
		I attest that the above	e information is true and correct.	Dilli	
Signature - Parent or Guard	lian			Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501		D	ue to Scho	ol Clerk June 1				
Elementary District Re	sponsible for Re	imbursing the	Contract			County	1	Legal Entity		
Manhattan Elem	า					Gallatin		0347		
High School or K-12 D	istrict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share □ yes □ no	ed between el	ementary ar	d high school	ol?						
Are you applying for			□ No		Stud	dent Name	School		Grade	
(If yes, please attaction: Section	20-10-142, MCA	, provides for			1					
rates for special circum increased rates, individ trustees of the district,	lual circumstand the county trans	es must be re sportation com	viewed and apmittee, and the	proved by the	Stud	dent Name	School		Grade	
Public Instruction. (10.	·	J	,		Stud	dent Name	School		Grade	
Check here only if incre District Trustees and the		portation Con	mittee.	proved by the						
Elem District Approval		no	tials		Student Name School Grade					
HS District Approval County Approval		□ no □ no				THIS CONTRACT IS FOR:				
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Onl	y 🗆 Both Sei	mesters	
Angela Haakens					Pre-	kindergarten/Kinderg	narten			
Physical Address (s	treet address	only):					2nd Semester Only	y 🗆 Both Sei	mesters	
						DERGARTEN/PREM				
Distance from home Elementary 6	to nearest so	hool (one wa	ay)		bv t	his contract:	es <u>with</u> other school-a times per day.	_		
Distance from home Elementary 0	to nearest bu	ıs stop, if an	y (one way)		Kind	dergarten child ride	times per day, _ times per day, _ s <u>without</u> other scho times per day, _	ol-age student	s:	
□ Contract is for o	ne-way only				To c	or from School	times per day, _	days	per week	
Students in Each Grade Le		the students to b	be covered by thi	s contract.		adlines:				
	Pre-K	K	1-8	9-12	PAF	RENTS: Due to Scho	ool Clerk June 1.			
Degular Trans	Total	Total	Total	Total	CLE files		to County Supt by Jul	y 1, retain a cop	y for your	
Regular Trans  Spec. Ed. Trans						JNTY SUPERINTEN of for your files.	IDENTS: Send origina	ll to OPI by July	10, retain a	
Room & Board						RE	IMBURSEMENT RA	ATF		
Correspondence							rict, county and OPI			
_ '										
Reg. Contingency						Reimbu	ursement rate is detern 20-10-142, MCA.	nined by		
Spec. Ed. Contin.							20-10-142, WCA.			
Agreement betweer	n parent (parer	nt name)			, and	d school district (distr	rict name)		,	
(county name)			(	County, hereina	ifter referred	to as the District(s).				
The parties agree as follow 1. The parent shall tra	ansport or provide t						session. The parent or guard	ian assures that a lic	censed and	
<ol><li>In March and June</li></ol>	, the District shall p					nce reported on the contraction fication by the teacher or pr	ct actually occurs. rincipal of the school of the nu	mber of days the stu	dent(s) was	
transported for the 3. The payment shall 4 This contract shall	be computed on th	e basis of the so	chedule establish	ned in Section 20-10-	-142, MCA, and	the information accompany	ing this contract.			
Elementary School			ard of Truste		ger emoned in so	riooi, whichever occurs ins	t.	Date		
Manhattan Elem High School District		Chair, Boa	ard of Truste	es				Date		
			1	4 4 h = 4 4 h = - 1	info	in time and a				
Signature - Parent or	Guardian		ı attes	t triat the above	intormation	is true and correct.	Date			
orginature - i arciil or	- aururan						Date			

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	0-2501				ol Clerk June 1		
Elementary District Re	esponsible for Re	eimbursing the	Contract			County	-	Legal Entity
Manhattan Elen	n					Gallatin		0347
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Con	tract		County		Legal Entity
Is this contract shar  ☐ yes ☐ no	red between e	lementary ar	nd high scho	ol?				
Are you applying fo			□ No		Stu	dent Name	School	Grade
(If yes, please attaction isoLATION: Section	ch explanation 20-10-142, MC	) A, provides for	increased rei	mbursement	Ota	dent Hame	3011001	Cidde
rates for special circur increased rates, individual	dual circumstan	ces must be re	viewed and a	pproved by the	Stu	dent Name	School	Grade
trustees of the district, Public Instruction. (10.				e Office of				
Check here only if incr				oproved by the	Stu	dent Name	School	Grade
District Trustees and t	•	In	itials		Stu	dent Name	School	Grade
Elem District Approval HS District Approval	□ yes				ТНІ	S CONTRACT IS FO	NR·	
County Approval  Parent or Guardian		□ no se Print)			Gra	des 1-12		
Brent & Leia Mi	ller					st Semester Only	□ 2nd Semester Onl	y   Both Semesters
Physical Address (s		only):				-kindergarten/Kinder st Semester Only	garten □ 2nd Semester Onl	y   Both Semesters
					KIN	DERGARTEN/PREI	(INDERGARTEN:	
Distance from home	e to nearest so	chool (one wa	ay)		Kin	dergarten child ride his contract:	es <u>with</u> other school-a	age students also covered
Elementary 4.3	Elementary 4.3 HS 0					or from Bus Stop	times per day, _	days per week days per week
Distance from home Elementary <b>0</b>	e to nearest bu HS <b>0</b>	us stop, if an	y (one way)		Kin	dergarten child ride	es without other scho	ol-age students:
•					To	or from School	times per day, _ times per day, _	days per week days per week
☐ Contract is for o	, ,	the students to b	ne covered by th	is contract.	De	adlines:		
	Pre-K	К	1-8	9-12	PAI	RENTS: Due to Sch	ool Clerk June 1.	
	Total	Total	Total	Total	<b>CLI</b> files		to County Supt by Jul	y 1, retain a copy for your
Regular Trans							IDENTS: Cand animin	l to ODI by July 40 matrix a
Spec. Ed. Trans						y for your files.	IDENTS: Send ongina	ıl to OPI by July 10, retain a
Room & Board						RE	EIMBURSEMENT RA	ATE
Correspondence						(For dist	rict, county and OPI	use only)
Reg.						Daimel		ain a d la.
Contingency Spec. Ed. Contin.						Reimb	ursement rate is detern 20-10-142, MCA.	nined by
opec. Lu. comin.								
Agreement between	n parent (pare	nt name)					rict name)	, , , , , , , , , , , , , , , , , , , ,
(county name) The parties agree as follows:				3,		I to as the District(s).		
insured driver will	transport the stude	nts. Mileage cor	ntracts are valid	only when transportation	on for the dista	ince reported on the contra	ct actually occurs.	ian assures that a licensed and mber of days the student(s) was
transported for the	past semester.		•			the information accompany	·	inder of days the student(s) was
	terminate at the e	nd of the school y		student(s) is no longe		chool, whichever occurs firs		Date
Manhattan Elem High School District		Chair, Board of Trustees Date						
- Ingri Scriooi Distric		Chair, Boo						Date
			I attes	t that the above i	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620	-2501		Du	e to School C	Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		Co	ounty		Legal Entity
Manhattan Elen	n				G	allatin		0347
High School or K-12 D		ole for Reimbu	rsing the Cont	tract		ounty		Legal Entity
Is this contract shar  ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?				
Are you applying for	r isolation stat	us? □ Yes	□ No		Student	Name	School	Grade
(If yes, please attac ISOLATION: Section			increased reir	mbursement	Olddon	. rvaine	Concor	Ciudo
rates for special circum increased rates, individ					Student	Name	School	Grade
trustees of the district, Public Instruction. (10.				e Office of				
Check here only if incr	·	J	•	proved by the	Student	Name	School	Grade
District Trustees and the		sportation Com		,	<del></del>			<del></del>
Elem District Approval HS District Approval	•	□ no			Student	Name	School	Grade
County Approval	□ yes	□ no			THIS Co	ONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				Semester Only	☐ 2nd Semester Only	/ □ Both Semesters
Cris & Darcy Co	onnerton	I. A.				dergarten/Kinder		
Physical Address (s	treet address	oniy):			☐ 1st S	Semester Only	□ 2nd Semester Only	/ □ Both Semesters
							KINDERGARTEN:	ge students also covered
Distance from home Elementary 10	e to nearest so HS <b>0</b>	hool (one wa	ay)		by this	contract:	· · · · · · · · · · · · · · · · · · ·	
•					To or fro	om School	times per day, _	days per week days per week
Distance from home Elementary <b>4</b>	e to nearest bu HS <b>0</b>	is stop, if any	(one way)		Kinder	garten child ride	es without other school	ol-age students:
□ Contract is for o	ne-way only				To or fro	om School	times per day, _	days per week
Students in Each Grade L	, ,	the students to b	e covered by th	is contract.	<u>Deadl</u>			
	Pre-K	К	1-8	9-12	PAREN	ITS: Due to Sch	ool Clerk June 1.	
	Total	Total	Total	Total	CLERK files.	S: Send origina	I to County Supt by July	1, retain a copy for your
Regular Trans								
Spec. Ed. Trans						Y SUPERINTEN r your files.	IDENTS: Send origina	I to OPI by July 10, retain a
Room & Board							EIMBURSEMENT RA	ATE
Correspondence							rict, county and OPI	
_								
Reg. Contingency						Reimb	ursement rate is determ 20-10-142, MCA.	nined by
Spec. Ed. Contin.							20-10-142, WCA.	
Agreement betweer	n parent (pare	nt name)			, and sc	hool district (dist	rict name)	,,
(county name)				County, hereinaf	ter referred to a	as the District(s).		
The parties agree as follow		transportation for		•		, ,		an assures that a licensed and
<ol><li>In March and June</li></ol>	, the District shall p			only when transportation only when transportation only when transportation in the application of the second contract of the second contra				nber of days the student(s) was
	be computed on the			ned in Section 20-10-1 student(s) is no longe				
Elementary School			rd of Truste		2711 CHOOL III CONOUL	,	···	Date
Manhattan Elem High School District	:	Chair, Boa	ard of Truste	es				Date
			1 -44-	t that the above '	information is t	muo ond same s'		
Signature - Parent or	Guardian		I attes	t that the above i	intormation is t	rue and correct.	Date	
orginature - i arcill Of	-uui uiaii						Date	

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	)-2501				ol Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the C	Contract			County		Legal Entity
Manhattan Elen	า					Gallatin		0347
High School or K-12 D		ble for Reimburs	sing the Cont	tract		County		Legal Entity
Is this contract shar  ☐ yes ☐ no	ed between el	lementary and	high school	ol?				
Are you applying for (If yes, please attac ISOLATION: Section	h explanation)	)	□ No	mhursement	Stud	dent Name	School	Grade
rates for special circun increased rates, indivic trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of residenc ces must be revi sportation comm	e. In order to sewed and applittee, and the	o receive oproved by the	Stud	dent Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	pproved by the	Stud	dent Name	School	Grade
Elem District Approval	□ yes	Initia □ no			Stud	dent Name	School	Grade
HS District Approval County Approval	•	□ no □ no				S CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Onl	y   Both Semesters
Danelle Biggs					Dro	kindergarten/Kinder	narten	
Physical Address (s	treet address	only):						y   Both Semesters
						DERGARTEN/PREI		
Distance from home Elementary 13.8	e to nearest so HS <b>0</b>	chool (one way	/)		by t	his contract:		age students also covered days per week days per week
Distance from home Elementary <b>3.5</b>	e to nearest bu HS <b>0</b>	us stop, if any	(one way)		<b>Kin</b> d To d	dergarten child ride or from Bus Stop	es <u>without</u> other scho times per day, _	ol-age students: days per week
□ Contract is for o	ne-way only				100		times per day, _	days per week
Students in Each Grade Lo	evel - Only include	the students to be	covered by thi	is contract.	De:	adlines: RENTS: Due to Sch	ool Clerk June 1	
	Pre-K	K	1-8	9-12				
	Total	Total	Total	Total	CLE files		I to County Supt by Jul	y 1, retain a copy for your
Regular Trans							IDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans					copy	y for your files.		
Room & Board							EIMBURSEMENT RA	
Correspondence								
Reg. Contingency						Reimb	ursement rate is deterr	nined by
Spec. Ed. Contin.							20-10-142, MCA.	
Agreement betweer	n parent (pare	nt name)			, and	d school district (dist	rict name)	······································
(county name)			(	County, hereinaf	ter referred	to as the District(s).		
The parties agree as follow 1. The parent shall tra		transportation for t	he student(s) to	o and from the school	or bus stop on	the days when school is in	session. The parent or guard	lian assures that a licensed and
insured driver will t 2. In March and June	ransport the stude, the District shall p	nts. Mileage contro	acts are valid o	only when transportation	on for the dista ation upon certi	nce reported on the contra- fication by the teacher or p	ct actually occurs. rincipal of the school of the nu	mber of days the student(s) was
transported for the 3. The payment shall	past semester. be computed on the	ne basis of the sch	edule establish	ned in Section 20-10-1	42, MCA, and	the information accompany	ving this contract.	. , ,
	terminate at the er		ar or when the	student(s) is no longe		chool, whichever occurs first		Date
Manhattan Elem		,						
High School District	<u></u>	Chair, Boar	a ot Truste	es				Date
			I attes	t that the above	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 a, MT 59620	-2501		Di	ue to Schoo	Clerk June 1			
Elementary District Res	ponsible for Re	imbursing the	Contract			County	•	Legal Entity	
Manhattan Elem						Gallatin		0347	
High School or K-12 Dis	strict Responsib	le for Reimbu	rsing the Cont	tract		County		Legal Entity	
Is this contract share  ☐ yes ☐ no	d between el	ementary an	d high school	ol?					
Are you applying for	isolation statu	us? □ Yes	□ No		Stude	nt Name	School		Grade
(If yes, please attach ISOLATION: Section 2	explanation)	, provides for	increased reir	mbursement		int ivaine	School		Orace
rates for special circums increased rates, individu	stances of isola	tion of resider	ice. In order t	o receive	Stude	nt Name	School		Grade
trustees of the district, t Public Instruction. (10.7				e Office of					
Check here only if incre	ased payment	due to isolatio	n has been ap	proved by the	Stude	nt Name	School		Grade
District Trustees and the			mittee. tials		Stude	nt Name	School		Grade
Elem District Approval HS District Approval		□ no □ no							Grade
County Approval  Parent or Guardian N		no				CONTRACT IS FO es 1-12	<u>·R:</u>		
	vairie. (i leas	5 i iiii.)			☐ 1st	Semester Only	☐ 2nd Semester Only	y   Both Se	mesters
Kortney Foth Physical Address (st	reet address	only):				indergarten/Kinderg	garten	y □ Both Se	mostoro
<b>,</b>		- ,,				•	ĺ	y 🗆 Botti Se	illesters
					KIND Kinde	ERGARTEN/PREM ergarten child ride	<u>(INDERGARTEN:</u> s <u>with</u> other school-a	age students a	ilso covered
Distance from home Elementary 9	to nearest so	hool (one wa	ay)		<b>by th</b> To or	is contract: from Bus Stop	times per day, _	dav	s per week
Distance from home	to nearest bu	s stop if an	/ (one way)		To or	from School	times per day, _ s <u>without</u> other school	days	s per week
Elementary 0	HS <b>0</b>	.o otop, a	, (6.16 114)		To or	from Bus Stop	times per day, _ times per day, _	day:	s per week
□ Contract is for on	e-way only				To or	from School	times per day, _	days	s per week
Students in Each Grade Lev	vel - Only include	the students to b	e covered by thi	is contract.		dlines: ENTS: Due to Scho	ool Clork June 1		
	Pre-K	K	1-8 Tatal	9-12 Tatal				4	
	Total	Total	Total	Total	files.	KS: Send original	to County Supt by July	y 1, retain a cop	py for your
Regular Trans					COU	NTY SUPERINTEN	DENTS: Send origina	al to OPI by July	y 10, retain a
Spec. Ed. Trans					copy	for your files.			
Room & Board							IMBURSEMENT RA		
Correspondence						(For disti	rict, county and OPI	use only)	
Reg.						Peimbi	ursement rate is determ	nined by	
Contingency Spec. Ed. Contin.						Keimbe	20-10-142, MCA.	inica by	
_pcca. contin.									
Agreement between	parent (parer	nt name)			, and	school district (distr	ict name)		,
(county name) The parties agree as follows	s:			County, hereinat	fter referred t	o as the District(s).			
insured driver will tra	ansport the studer	nts. Mileage con	tracts are valid of	only when transportati	ion for the distand	e reported on the contract	session. The parent or guardi t actually occurs.		
transported for the p	ast semester.					ation by the teacher or pr e information accompany	incipal of the school of the nur	nper or days the stu	ident(s) was
	erminate at the en	d of the school y		student(s) is no longe		ool, whichever occurs firs		Date	
Manhattan Elem		,							
High School District		Chair, Boa	ard of Truste	es				Date	
			l attes	t that the above	information is	s true and correct.			
Signature - Parent or 0	Guardian						Date		

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ia, MT 59620	-2501		Du	e to School	ol Clerk June 1		
Elementary District Res	sponsible for Re	imbursing the	Contract			County		Legal Entity
Manhattan Elem						Gallatin		0347
High School or K-12 Di		ole for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract share  ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?	<u> </u>			<u>'</u>
Are you applying for			□ No		Stud	ent Name	School	Grade
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142, MCA	A, provides for	increased rein	nbursement	01.00	5.11.1.10	3033	0.000
rates for special circum increased rates, individ trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstand the county trans	tion of resider es must be re portation com	nce. In order to eviewed and ap amittee, and the	o receive proved by the	Stuc	ent Name	School	Grade
Check here only if incre District Trustees and th	ased payment	due to isolatio	n has been ap	proved by the	Stud	ent Name	School	Grade
Elem District Approval HS District Approval							School	Grade
						S CONTRACT IS FO les 1-12	<u>DR:</u>	
Parent or Guardian I	vame: (Pleas	e Print)			□ 1	st Semester Only	□ 2nd Semester Onl	y   Both Semesters
Linda Blomback Physical Address (st		only):				kindergarten/Kinder st Semester Only		y
Distance from home Elementary 7  Distance from home Elementary 0  Contract is for or Students in Each Grade Lee  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS <b>0</b> to nearest bu HS <b>0</b> ne-way only	is stop, if an	y (one way)	s contract.  9-12 Total	Kind by the Too of Kind Too of	nis contract: r from Bus Stop r from School lergarten child ride r from Bus Stop r from School adlines: ENTS: Due to Sch RKS: Send origina INTY SUPERINTEN r for your files.  RE  RE  RE  RE  RE  RE  RE  RE  RE  R	times per day, tool Clerk June 1.	days per week y 1, retain a copy for your al to OPI by July 10, retain a ATE use only)
insured driver will tr 2. In March and June, transported for the payment shall	s: nsport or provide t ansport the studer the District shall p past semester. De computed on the erminate at the en	ransportation for the state of the state of the state of the school of t	r the student(s) to tracts are valid o e sum officially a chedule establish	County, hereinaf o and from the school only when transportation opproved in the applicated ed in Section 20-10-1 student(s) is no longe	ter referred or bus stop on on for the distantion upon certif 42, MCA, and	to as the District(s). the days when school is in	session. The parent or guard ct actually occurs. rincipal of the school of the nu ring this contract.	dian assures that a licensed and mber of days the student(s) was
High School District		Chair, Boa	ard of Trustee	es				Date
		<u> </u>	Lattest	that the above	information	is true and correct		
Signature - Parent or	Guardian		ı attest	unat the above i	iniormation	is true and correct.	Date	
Signature Farent Of	- 441 41411							

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	)-2501	Due to School Clerk June 1						
Elementary District Re	esponsible for Re	eimbursing the	Contract		County			Legal Entity	_
High School or K-12 D	istrict Responsil	ole for Reimbu	rsing the Conf	tract	County			Legal Entity	
Bozeman H S					Gallat	in		0351	
Is this contract shar	red between el	ementary an	d high scho	ol?					
Are you applying fo			□ No		Student Nam		School	Grade	
(If yes, please attact ISOLATION: Section	20-10-142, MCA	A, provides for	increased reir	mbursement	Otagent Nam		CCHOOL	Grade	
rates for special circur increased rates, indivi- trustees of the district, Public Instruction. (10.	dual circumstand the county trans	ces must be rev sportation comi	viewed and apmittee, and th	oproved by the	Student Nam	ie	School	Grade	
Check here only if inconstrict Trustees and t		sportation Com	mittee.	pproved by the	Student Nam	ie	School	Grade	
Elem District Approval		□ no	tials ———		Student Nam	ie	School	Grade	
HS District Approval County Approval	,	□ no □ no			THIS CONTE		<u>R:</u>		
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semes		□ 2nd Semester Only	y    Both Semesters	
Glenn Bailes	atroot addraga	anh di			Pre-kinderga				
Physical Address (s	sireet address	orily).			☐ 1st Semes	ster Only	□ 2nd Semester Only	y   Both Semesters	
Distance from home Elementary <b>0</b> Distance from home Elementary <b>0</b> Contract is for contract in the contract	HS <b>0</b> e to nearest bu HS <b>3.5</b>	·			by this cont To or from Bo To or from So Kindergarte To or from Bo	ract: us Stop chool n child ride us Stop	times per day, _ times per day, _ times per day, _ s <u>without</u> other scho times per day, _	days per week days per week days per week ol-age students: days per week days per week days per week	1
Students in Each Grade L	• •	the students to b	e covered by th	is contract.	<u>Deadlines</u>				
	Pre-K	K	1-8	9-12	PARENTS:	Due to Scho	ool Clerk June 1.		
	Total	Total	Total	Total	CLERKS: S files.	end original	to County Supt by July	y 1, retain a copy for your	
Regular Trans Spec. Ed. Trans					COUNTY SU		DENTS: Send origina	I to OPI by July 10, retain a	э
Room & Board							IMBURSEMENT RA	ATF	
Correspondence							ict, county and OPI		
Reg. Contingency						Reimbu	rsement rate is detern	 nined by	
Spec. Ed. Contin.							20-10-142, MCA.	, and the second	
		L							_
Agreement between	n parent (pare	nt name)			, and school	district (distr	ict name)	,	
(county name)				County, hereinaf	ter referred to as the	e District(s).			
	ansport or provide				or bus stop on the days wl			ian assures that a licensed and	
	, the District shall p							mber of days the student(s) was	
<ol><li>The payment shall</li></ol>	be computed on the				42, MCA, and the informater enrolled in school, which				
Elementary School	District	Chair, Boa	rd of Truste	es				Date	
High School Distric Bozeman H S	t	Chair, Boa	rd of Truste	es				Date	
			l attes	t that the above i	information is true a	nd correct.			_
Signature - Parent or	Guardian						Date	<del></del>	

Address, City, Zip Code

#### Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Bo	ox 202501 a, MT 59620						
Elementary District Res			Contract		County		Legal Entity
High School or K-12 Dis	strict Responsit	ole for Reimbu	rsing the Cont	ract	County		Legal Entity
Bozeman H S					Gallatin		0351
Is this contract share  ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?			
Are you applying for (If yes, please attach ISOLATION: Section 2	explanation)	ı	□ No	mhureamant	Student Name	School	Grade
rates for special circum increased rates, individ trustees of the district, the Public Instruction. (10.7)	stances of isola ual circumstand he county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appoint the mittee, and the	o receive oproved by the	Student Name	School	Grade
Check here only if incre District Trustees and th	ased payment	due to isolatio	n has been ap	proved by the	Student Name	School	Grade
Elem District Approval HS District Approval		Ini □ no □ no	tials		Student Name	School	Grade
County Approval	□ yes	□ no			THIS CONTRAC Grades 1-12	CT IS FOR:	
Parent or Guardian I	Name: (Pleas	e Print)			☐ 1st Semester	Only	Only   Both Semesters
Jeannie Sirles Physical Address (st	reet address	only):			Pre-kindergarter □ 1st Semester	n/Kindergarten Only □ 2nd Semester	Only   Both Semesters
Distance from home Elementary 0  Distance from home Elementary 0  Contract is for or Students in Each Grade Le  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS <b>0</b> to nearest bu HS <b>5</b> ne-way only	is stop, if any	y (one way)	is contract.  9-12 Total	Kindergarten ci by this contrac To or from Bus S To or from Scho Kindergarten ci To or from Bus S To or from Scho Deadlines: PARENTS: Due CLERKS: Seno files. COUNTY SUPE copy for your file	t: Stop times per da ol times per da hild rides without other s Stop times per da ol times per da e to School Clerk June 1. I original to County Supt by  RINTENDENTS: Send original	days per week da
insured driver will tr.  In March and June, transported for the payment shall the This contract shall the shall the transported for the payment shall the payment sh	s:  nsport or provide to ansport the stude: the District shall past semester. be computed on the erminate at the erminate at the erminate.	rransportation for this. Mileage con yay the parent the ne basis of the so d of the school y	the student(s) to tracts are valid of e sum officially a chedule establish rear or when the	o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longer	ter referred to as the Di or bus stop on the days when son for the distance reported on	school is in session. The parent or of the contract actually occurs. eacher or principal of the school of the accompanying this contract.	guardian assures that a licensed and se number of days the student(s) was
Elementary School D	ภอเทอเ	,	ard of Truste				Date
High School District Bozeman H S		Chair, Boa	ard of Truste	es 			Date
			l attes	t that the above i	information is true and	correct.	
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620	-2501			School Year 20 ie to School C			
Elementary District Re	sponsible for Re	imbursing the	Contract		Cor	unty	<u> </u>	Legal Entity
High School or K-12 D	istrict Responsit	ole for Reimbur	sing the Cont	ract	Cor	unty		Legal Entity
Bozeman H S					Ga	allatin		0351
Is this contract share □ yes □ no	ed between el	ementary and	d high school	ol?				
Are you applying for (If yes, please attact	h explanation)				Student	Name	School	Grade
ISOLATION: Section rates for special circum increased rates, indivic trustees of the district, Public Instruction. (10.)	nstances of isola dual circumstand the county trans	tion of resident es must be revenues portation comme	ce. In order to riewed and ap nittee, and the	o receive oproved by the	Student	Name	School	Grade
Check here only if incre District Trustees and the	portation Com	mittee.	proved by the	Student	Name	School	Grade	
Elem District Approval	no	ials 		Student	Name	School	Grade	
HS District Approval County Approval	□ no □ no			THIS CO	NTRACT IS FO	DR:		
Parent or Guardian	e Print)				emester Only	□ 2nd Semester On	ly   Both Semesters	
Patricia K. Koss Physical Address (s		- ml. d.				ergarten/Kinder		
Physical Address (s	treet address	oniy):				•		ly Doth Semesters
Distance from home Elementary <b>0</b> Distance from home Elementary <b>0</b> Contract is for or	HS <b>14.3</b> e to nearest bu	·			Kinderg by this of To or fro To or fro Kinderg To or fro	arten child ride contract: m Bus Stop m School arten child ride m Bus Stop	times per day, times per day, es <u>without</u> other scho times per day,	days per week days per week ool-age students: days per week days per week days per week days per week
Students in Each Grade Le	, ,	the students to be	e covered by thi	s contract.	<u>Deadli</u>			
	Pre-K	К	1-8	9-12	PAREN	<b>rs</b> : Due to Sch	ool Clerk June 1.	
	Total	Total	Total	Total	CLERKS files.	S: Send origina	I to County Supt by Ju	ly 1, retain a copy for your
Regular Trans  Spec. Ed. Trans						Y SUPERINTEN your files.	IDENTS: Send origina	al to OPI by July 10, retain a
Room & Board							EIMBURSEMENT R	ATE
Correspondence							rict, county and OPI	
Reg. Contingency						Reimb	ursement rate is deteri 20-10-142, MCA.	mined by
Spec. Ed. Contin.							20 10 142, 10071.	
Agreement between	n parent (parei	nt name)			, and sch	ool district (dist	rict name)	
(county name) The parties agree as follow 1. The parent shall trainsured driver will t 2. In March and June transported for the 3. The payment shall	vs: ansport or provide t ransport the studer , the District shall p past semester. be computed on th	ransportation for nts. Mileage cont ay the parent the le basis of the scl	the student(s) to racts are valid of sum officially a nedule establish	only when transportation	or bus stop on the do on for the distance re ation upon certificatio	s the District(s).  ays when school is in ported on the contrain by the teacher or promation accompany	n session. The parent or guard ct actually occurs. rincipal of the school of the nu rying this contract.	dian assures that a licensed and umber of days the student(s) was
Elementary School			rd of Truste					Date
High School District Bozeman H S		Chair, Boa	rd of Truste	es				Date
			I attes	t that the above	information is tr	ue and correct.		
Signature - Parent or	Guardian	· · ·				·	Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	a, MT 59620	-2501		Dı	ue to Scho	ol Clerk June 1			
Elementary District Res	ponsible for Re	imbursing the	Contract			County	•	Legal Entity	
Bozeman Elem						Gallatin		0350	
High School or K-12 Dis	strict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share  ☐ yes ☐ no	d between el	ementary an	d high school	ol?					
Are you applying for			□ No		Stuc	lent Name	School		Grade
(If yes, please attach ISOLATION: Section 2	0-10-142, MCA	, provides for	increased rein	nbursement	1				
rates for special circums increased rates, individu trustees of the district, the	ual circumstanc he county trans	es must be re sportation com	viewed and apmittee, and the	proved by the	Stud	lent Name	School		Grade
Public Instruction. (10.7)	•	, and the second	ŕ		Stuc	lent Name	School		Grade
Check here only if increa District Trustees and the		portation Com	mittee.	proved by the					
Elem District Approval		no	tials		Student Name School Grade				
		□ no □ no				CONTRACT IS FO	PR:		
Parent or Guardian N	lame: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Onl	y □ Both Se	mesters
Jeffrey Jorgenso	n				Pre-	kindergarten/Kinderg	narten		
Physical Address (str	reet address	only):					☐ 2nd Semester Onl	y 🛛 Both Se	mesters
						DERGARTEN/PREM			
Distance from home Elementary 6	to nearest sc	hool (one wa	ay)		bv t	his contract:	times per day	_	
Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0				Kind	dergarten child ride	times per day, _ times per day, _ s <u>without</u> other scho	ol-age student	ts:	
·					To d	r from School	times per day, _ times per day, _	days days	s per week s per week
☐ Contract is for one Students in Each Grade Lev		the students to b	e covered by thi	s contract.	Dea	adlines:			
[	Pre-K	к	1-8	9-12		RENTS: Due to Scho	ool Clerk June 1.		
	Total	Total	Total	Total	CLE files		to County Supt by Jul	y 1, retain a cop	by for your
Regular Trans					col	JNTY SUPERINTEN	DENTS: Send origina	al to OPI by July	/ 10, retain a
Spec. Ed. Trans						for your files.			,
Room & Board							IMBURSEMENT R		
Correspondence						(For disti	rict, county and OPI	use only)	
Reg.						- Poimbi	ursement rate is detern	minod by	
Contingency Spec. Ed. Contin.						Rembe	20-10-142, MCA.	Tillied by	
opeo. La. contin.									
Agreement between	parent (parer	nt name)			, and	I school district (distr	ict name)		,
(county name) The parties agree as follows	<u>.                                    </u>			County, hereina	ifter referred	to as the District(s).			
The parent shall transinsured driver will transition	sport or provide t ansport the studer	nts. Mileage con	tracts are valid of	only when transportat	tion for the dista	nce reported on the contract			
transported for the p	ast semester.	•	•		·		incipal of the school of the nu	mber of days the stu	dent(s) was
<ol> <li>This contract shall te</li> </ol>	erminate at the en	d of the school y	ear or when the	student(s) is no long	er enrolled in so	the information accompany hool, whichever occurs firs	ing this contract. t.	Data	
Elementary School D Bozeman Elem	DISTRICT	,	ard of Truste					Date	
High School District		Chair, Boa	ard of Truste	es				Date	
			I attes	t that the above	information	is true and correct.			
Signature - Parent or C	Guardian						Date		

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	sox 202501 na, MT 59620	)-2501		Du	e to Schoo	I Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract			County		Legal Entity
Bozeman Elem						Gallatin		0350
High School or K-12 D	istrict Responsit	ble for Reimbu	rsing the Con	tract		County		Legal Entity
Is this contract share □ yes □ no	ed between el	lementary an	d high scho	ol?				
Are you applying for			□ No		Stude	ent Name	School	Grade
(If yes, please attac			increased reir	mbursement	Otaa	int realing	Concor	Ciudo
rates for special circum increased rates, individ	dual circumstand	ces must be re	viewed and a	oproved by the	Stude	ent Name	School	Grade
trustees of the district, Public Instruction. (10.				e Office of				
Check here only if incre District Trustees and the				proved by the	Stude	ent Name	School	Grade
Elem District Approval	•		tials		Stude	ent Name	School	Grade
HS District Approval County Approval	□ yes □	□ no			THIS	CONTRACT IS FO	OR:	
Parent or Guardian					Grad	es 1-12 t Semester Only		/ □ Both Semesters
Zuzana Gedeor	1					·	•	Doin Semesters
Physical Address (s		only):				indergarten/Kinder t Semester Only		/ □ Both Semesters
					KIND	ERGARTEN/PRE	(INDERGARTEN:	
Distance from home	e to nearest so	chool (one wa	av)		Kind			ge students also covered
Elementary 5.7	HS <b>0</b>	`	,		To or	from Bus Stop	times per day, _	days per week
Distance from home Elementary <b>0</b>	to nearest bu HS <b>0</b>	us stop, if any	y (one way)		Kind To or	ergarten child ride	times per day, _ es <u>without</u> other scho times per day, _	days per week  ol-age students: days per week days per week days per week
□ Contract is for o	ne-way only				To or	from School	times per day, _	days per week
Students in Each Grade Le	evel - Only include	the students to b	e covered by th	is contract.		dlines: ENTS: Due to Scho	ool Clork June 1	
	Pre-K	K	1-8	9-12				
	Total	Total	Total	Total	CLEI files.	RKS: Send original	to County Supt by July	/ 1, retain a copy for your
Regular Trans					COU	NTY SUPERINTEN	IDENTS: Send origina	I to OPI by July 10, retain a
Spec. Ed. Trans						for your files.		
Room & Board							IMBURSEMENT RA	
Correspondence						(For dist	rict, county and OPI	use only)
Reg.						- Poimbi	ursement rate is determ	ningd by
Contingency Spec. Ed. Contin.						Reillibi	20-10-142, MCA.	illied by
opeo. Ed. Oomin.								
Agreement betweer	ı parent (pareı	nt name)			, and	school district (disti	rict name)	······································
(county name) The parties agree as follow	vs:			County, hereinaf	ter referred t	o as the District(s).		
The parent shall tra insured driver will t	ansport or provide transport the stude	nts. Mileage con	tracts are valid	only when transportation	on for the distan	ce reported on the contract	et actually occurs.	an assures that a licensed and
transported for the	past semester.							nber of days the student(s) was
<ol> <li>This contract shall</li> </ol>	terminate at the er	nd of the school y	ear or when the	student(s) is no longe		e information accompany ool, whichever occurs firs		Data
Elementary School Bozeman Elem		,	ard of Truste					Date
High School District		Chair, Boa	ard of Truste	es				Date
			I attes	t that the above i	information i	s true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	x 20250 i i, MT 59620	-2501		Du	e to School	ol Clerk June 1		
Elementary District Resp	onsible for Re	imbursing the	Contract			County	<u> </u>	Legal Entity
Three Forks Elen	า					Gallatin		0360
High School or K-12 Dist		le for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract shared  □ yes □ no	d between ele	ementary ar	nd high schoo	ol?				
Are you applying for is			□ No		Stuc	lent Name	School	Grade
(If yes, please attach ISOLATION: Section 20	explanation) )-10-142, MCA	, provides for	increased rein	nbursement	01.00		33.133.	S.aas
rates for special circums increased rates, individu- trustees of the district, th Public Instruction. (10.7.	tances of isola al circumstanc e county trans	tion of resider es must be re portation com	nce. In order to viewed and ap mittee, and the	receive proved by the	Stud	ent Name	School	Grade
Check here only if increa	sed payment o	due to isolatio	n has been ap	proved by the	Stud	ent Name	School	Grade
Elem District Approval HS District Approval		Ini no	itials			ent Name	School	Grade
	□ yes □	no				S CONTRACT IS FO des 1-12	<u>DR:</u>	
Parent or Guardian N	ame: (Please	e Print)			□ 1	st Semester Only	☐ 2nd Semester Only	y   Both Semesters
Brent & Tracie Ro Physical Address (stre		only):				kindergarten/Kinder st Semester Only		y    Both Semesters
Distance from home to Elementary 4.5  Distance from home to Elementary 0  Contract is for one Students in Each Grade Level  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS <b>0</b> o nearest bu HS <b>0</b> e-way only	s stop, if an	y (one way)	s contract.  9-12 Total	Kind by the Too of Kind Too of	nis contract: r from Bus Stop r from School dergarten child ride r from Bus Stop r from School adlines: ENTS: Due to Scho RKS: Send original UNTY SUPERINTEN r for your files.  RE	times per day, tool Clerk June 1.	days per week da
insured driver will trail  In March and June, it transported for the pa  The payment shall be  This contract shall te  Elementary School Di  Three Forks Elem	sport or provide to report the studer the District shall pust semester. to computed on the computed on the	ransportation for this. Mileage cor ay the parent the basis of the sod of the school Chair, Boa	r the student(s) to tracts are valid o e sum officially ap chedule establish year or when the ard of Trustee	county, hereinaft and from the school only when transportation or the application of the	ter referred or bus stop on on for the distantion upon certif	to as the District(s). the days when school is in	session. The parent or guard ct actually occurs. rincipal of the school of the nur	ian assures that a licensed and mber of days the student(s) was
High School District		Chair, Boa	ard of Trustee	<u></u>				Date
			I attest	that the above i	information	is true and correct.		
Signature - Parent or G	uardian						Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena, MT 59620	-2501		Dι	ue to Scho	ol Clerk June 1			
Elementary District Responsible for Re	imbursing the Co	ntract			County	,	Legal Entity	
Three Forks Elem					Gallatin		0360	
High School or K-12 District Responsib	le for Reimbursir	g the Contra	act		County		Legal Entity	
Is this contract shared between ele  ☐ yes ☐ no	ementary and h	nigh schoo	!?					
Are you applying for isolation statu		□ No		Stud	dent Name	School		Grade
(If yes, please attach explanation)  ISOLATION: Section 20-10-142, MCA	A, provides for inc			]				
rates for special circumstances of isola increased rates, individual circumstance trustees of the district, the county trans	es must be revier portation commit	wed and applete, and the	proved by the	Stud	dent Name	School		Grade
Public Instruction. (10.7.116 ARM prov	, i	•		Stud	dent Name	School		Grade
Check here only if increased payment of District Trustees and the County Trans	portation Commit	tee.	proved by the					
	Initial □ no	S 		Stud	lent Name	School		Grade
	□ no □ no				S CONTRACT IS FO	DR:		
Parent or Guardian Name: (Please	e Print)				des 1-12 st Semester Only	□ 2nd Semester Onl	y □ Both Sen	nesters
Dianne Hodges				Pre-	kindergarten/Kinder	narten		
Physical Address (street address	only):					2nd Semester Only	y 🛛 Both Sen	nesters
					DERGARTEN/PRE			
Distance from home to nearest sc Elementary 4 HS 0	hool (one way)			bv t	his contract:	es <u>with</u> other school-a	_	
Distance from home to nearest bu	s stop, if any (d	one way)		Kind	dergarten child ride	times per day, _ times per day, _ s <u>without</u> other scho	ol-age students	S:
•				To c	or from School	times per day, _ times per day, _	days days	per week per week
☐ Contract is for one-way only  Students in Each Grade Level - Only include	the students to be c	overed by this	contract.	Dea	adlines:			
Pre-K	К	1-8	9-12		RENTS: Due to Scho	ool Clerk June 1.		
Total	Total	Total	Total	CLE files		to County Supt by Jul	y 1, retain a cop	y for your
Regular Trans				col	JNTY SUPERINTEN	IDENTS: Send origina	al to OPI by July	10, retain a
Spec. Ed. Trans					for your files.			
Room & Board						IMBURSEMENT RA		
Correspondence					(For dist	rict, county and OPI	use only)	
Reg.					Daimhi	ursement rate is detern	minad by	
Contingency Spec. Ed. Contin.					Reillibi	20-10-142, MCA.	nined by	
Opec. Lu. Contin.								
Agreement between parent (parer	nt name)			, and	d school district (distr	rict name)		,
(county name) The parties agree as follows:		C	ounty, hereina	fter referred	to as the District(s).			
The parent shall transport or provide t insured driver will transport the studer							lian assures that a lice	ensed and
<ol><li>In March and June, the District shall p transported for the past semester.</li></ol>	ay the parent the su	m officially ap	proved in the applica	ation upon certi	fication by the teacher or pr	rincipal of the school of the nu	mber of days the stud	lent(s) was
The payment shall be computed on the This contract shall terminate at the enterminate at the enterminat	d of the school year	or when the s	tudent(s) is no longe	142, MCA, and er enrolled in so	tne information accompany chool, whichever occurs firs	ring tnis contract. t.	I D-4-	
Elementary School District Three Forks Elem	Chair, Board	of Trustee	·S				Date	
High School District	Chair, Board	of Trustee	s				Date	
		I attest	that the above	information	is true and correct.			
Signature - Parent or Guardian						Date		

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501		Di	ue to School Clei	rk June 1			
Elementary District Re	sponsible for Re	eimbursing the	Contract		Count	ty	<u> </u>	Legal Entity	
Three Forks Ele	·m				Gall	atin		0360	
High School or K-12 D		ole for Reimbu	rsing the Cont	ract	Count			Legal Entity	
Is this contract share  ☐ yes ☐ no	ed between el	ementary ar	nd high scho	ol?					
Are you applying for			□ No		Student Na	ame	School		Grade
(If yes, please attack ISOLATION: Section 2	h explanation) 20-10-142, MCA	A, provides for	increased reir	nbursement			3011001		Orado
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.	lual circumstand the county trans	ces must be re sportation com	viewed and ap mittee, and th	proved by the	Student Na	ame	School		Grade
Check here only if incre	·	J	ŕ	proved by the	Student Na	ame	School		Grade
District Trustees and th		portation Con	nmittee.	proved by the					
Elem District Approval		□ no	itials		Student Na	ame	School		Grade
HS District Approval County Approval	•	□ no □ no				TRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-1 □ 1st Sem	12 nester Only	☐ 2nd Semester Only	y □ Both Se	mesters
Gayla Sieler						•	·	,	
Physical Address (s	treet address	only):				garten/Kinder nester Only	gaπen □ 2nd Semester Only	y □ Both Se	mesters
					KINDERG	ΔRTEN/PREI	KINDERGARTEN:		
Distance from home Elementary 10	e to nearest so HS <b>0</b>	hool (one w	ay)		Kindergar by this co To or from	ten child ride ntract: Bus Stop	es <u>with</u> other school-a times per day, _ times per day, _	days	s per week
Distance from home Elementary <b>0</b>	to nearest bu HS <b>0</b>	ıs stop, if an	y (one way)		Kindergar	ten child ride	es <u>without</u> other scho times per day, _ times per day, _	ol-age student	ts:
☐ Contract is for o	ne-way only						times per day, _	uay.	s per week
Students in Each Grade Le	evel - Only include	the students to I	oe covered by th	is contract.	Deadline PARENTS	<u>es:</u> : Due to Sch	ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total			I to County Supt by July	y 1, retain a cop	by for your
Regular Trans									
Spec. Ed. Trans					copy for yo		IDENTS: Send origina	I to OPI by July	/ 10, retain a
Room & Board							EIMBURSEMENT RA		
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.						_			
Contingency						Reimb	ursement rate is detern 20-10-142, MCA.	nined by	
Spec. Ed. Contin.									
Agreement between	n parent (parei	nt name)			, and school	ol district (dist	rict name)		······································
(county name)				County, hereina	fter referred to as t	the District(s).			
The parties agree as follow		ransportation fo		-			session. The parent or quard	ian assures that a lie	censed and
					ion for the distance reportation upon certification b		ct actually occurs. rincipal of the school of the nur	mber of days the stu	dent(s) was
transported for the 3. The payment shall	past semester. be computed on the	ne basis of the so	chedule establish	ned in Section 20-10-	142, MCA, and the inforr	nation accompany	ving this contract.	•	
4. This contract shall Elementary School			year or when the ard of Truste		er enrolled in school, whi	ichever occurs firs	st.	Date	
Three Forks Elem High School District		Chair Bos	ard of Truste	es				Date	
. light ochool blatilet		Crian, Boo	and of Truble					Date	
			l attes	t that the above	information is true	and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Exementary Desirct Responsible for Reimbursing the Contract   County   Callatin   O360   County   Legal Entity		na, MT 59620	-2501		Du	e to School Clerk June 1		
Each	Elementary District Re	sponsible for Re	eimbursing the	Contract		County	<u> </u>	Legal Entity
Each	Three Forks Fle	m				Gallatin		0360
Aye you applying for isolation status?			ole for Reimbu	rsing the Cont	ract			
Aye you applying for isolation status?								
Student Name		ed between el	ementary ar	nd high school	ol?			
Student Name				□ No		Student Name	School	Grade
states for special circumstances of isolation of residence. In order to receive impressed rates, involvable circumstances and at periode by the insteads of the identity the county transportation committee, and the Office of Public Institution. (I.D. 7:16 ARI) provides guidelines for suith.)  Check here only if increased payment due to isolation has been approved by the District Turburds and the County Transportation Committee. Infilials  Elem District Approval   yes	(If yes, please attack ISOLATION: Section 2	n explanation) 20-10-142, MCA	A, provides for	increased rein	nbursement			0.500
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.    County Approval   yes	increased rates, individe trustees of the district,	lual circumstand the county trans	ces must be re sportation com	eviewed and ap nmittee, and the	proved by the	Student Name	School	Grade
Elem District Approval	Check here only if incre	eased payment	due to isolatio	n has been ap	proved by the	Student Name	School	Grade
Parent or Guardian Name: (Please Print)	Elem District Approval	□ yes	In □ no			Student Name	School	Grade
1st Semester Only   2nd Semester Only   Both Semesters							FOR:	
Distance from home to nearest school (one way)   Elementary 6.2	Parent or Guardian	Name: (Pleas	e Print)				□ 2nd Semester Onl	v □ Both Semesters
Physical Address (street address only):    Statement	Johanna Dunda	S				•		,
Distance from home to nearest school (one way)   Elementary 6.2   HS 0   HS 0   HS 0   Level or from School   Le	Physical Address (s	treet address	only):					y   Both Semesters
Distance from home to nearest school (one way) Elementary 6.2   HS 0   Distance from home to nearest bus stop, if any (one way) Elementary 0   HS 0   Contract is for one-way only  Students in Each Grade Level - Only include the students to be covered by this contract.    Pre-K						KINDERGARTEN/PRI	EKINDERGARTEN:	
Distance from nome to nearest bus stop, if any (one way)    Contract is for one-way only    Contract is for one-way only    Students in Each Grade Level - Only include the students to be covered by this contract.    Pre-K			chool (one wa	ay)		by this contract:	·	
Contract is for one-way only  Students in Each Grade Level - Only include the students to be covered by this contract.    Pre-K   K   1-8   9-12   Total   Total   Total   Total			ıs stop, if an	y (one way)		Kindergarten child rid To or from Bus Stop	des <u>without</u> other scho times per day, _	ol-age students: days per week
Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name) County name) Co	☐ Contract is for or	ne-way only				To or from School	times per day, _	days per week
Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name)  County, hereinafter referred to as the District(s).  The parent shall transport for provide transportation for the student(s) is an officially approved in the application by the teacher or principal of the school of the number of days the student(s) was transported for the past seemester.  This contract School District  Chair, Board of Trustees  Country Insulation  County SupreIntenDeNTS: Send original to OPI by July 10, retain a copy for your files.  Country SupreIntenDeNTS: Send original to OPI by July 10, retain a copy for your files.  REIMBURSEMENT RATE ((For district, county and OPI use only)  Reimbursement rate is determined by 20-10-142, MCA.  County name)  County, hereinafter referred to as the District(s).  The parent shall transport for provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  In March and Juline, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  The parent shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  The parent shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  The parent shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  The Torons Elem	Students in Each Grade Le	evel - Only include	the students to I	be covered by thi	s contract.		shool Clark June 1	
Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name), and school district (district name),  County name)		-			-	CLERKS: Send origin		y 1, retain a copy for your
Spec. Ed. Trans  Room & Board  Correspondence  Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name)	Regular Trans					files.		
Correspondence Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name)	Spec. Ed. Trans						ENDENTS: Send origina	al to OPI by July 10, retain a
Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name)	Room & Board							
Agreement between parent (parent name)	Correspondence					(For di	strict, county and OPI	use only)
Agreement between parent (parent name)	•					Boim	huraamant rata is datarr	ningd by
Agreement between parent (parent name)						Reilli		nined by
(county name) County, hereinafter referred to as the District(s).  The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Date	opec. Eu. Contin.							
(county name) County, hereinafter referred to as the District(s).  The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Date								
The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  1. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Date	Agreement between	parent (pare	nt name)			, and school district (dis	strict name)	, , , , , , , , , , , , , , , , , , ,
1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schodule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Date				(	County, hereinaf	ter referred to as the District(s	3).	
2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Date	<ol> <li>The parent shall tra</li> </ol>	nsport or provide						lian assures that a licensed and
3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District Three Forks Elem  Date	<ol><li>In March and June,</li></ol>	the District shall p						mber of days the student(s) was
Three Forks Elem	<ol><li>The payment shall</li></ol>	be computed on the	ne basis of the so nd of the school	chedule establish year or when the	ned in Section 20-10-1 student(s) is no longe	42, MCA, and the information accompa	nying this contract. irst.	
	Elementary School							Date
			Chair, Boa	ard of Truste	es			Date
I attest that the above information is true and correct.			1	I attes	t that the above	information is true and correct	i.	
	Signature - Parent or	Guardian					Date	
Figureture Horont or Cuardian	oignature - Parent or	Guardian					Date	

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620	-2501				ol Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the C	Contract			County	<u> </u>	Legal Entity
Three Forks Ele	em					Gallatin		0360
High School or K-12 D		ole for Reimburs	sing the Cont	ract		County		Legal Entity
Is this contract share □ yes □ no	ed between el	ementary and	high school	ol?				
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade
ISOLATION: Section rates for special circum increased rates, indivic trustees of the district, Public Instruction. (10.)	nstances of isola lual circumstand the county trans	ition of residences must be revi sportation comm	e. In order to sewed and applittee, and the	o receive oproved by the	Stud	dent Name	School	Grade
Check here only if incredit Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade
Elem District Approval HS District Approval	□ yes	Initi □ no □ no □ no	als		Stud	dent Name	School	Grade
County Approval	□ yes	□ no				<u>S CONTRACT IS FO</u> des 1-12	DR:	
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	ly Doth Semesters
Julie Morton Physical Address (s	troot addroop	only):				-kindergarten/Kinder		
Physical Address (s	ireet address	orily).			□ 1	st Semester Only	2nd Semester On	ly Doth Semesters
Distance from home Elementary 10  Distance from home Elementary 0  Contract is for or Students in Each Grade Leader Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS <b>0</b> to nearest bu HS <b>0</b> ne-way only	ıs stop, if any	(one way)	s contract.  9-12 Total	Kind by the Took Kind Took Took Took PAR	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Schoel ERKS: Send original . UNTY SUPERINTEN y for your files.  REALTS: REAL	times per day,	days per week da
Spec. Ed. Contin.								
insured driver will t In March and June transported for the The payment shall This contract shall	vs: unsport or provide to ransport the studen the District shall past semester. be computed on the terminate at the er	rransportation for to this. Mileage controlling the parent the ne basis of the school ye	he student(s) to acts are valid o sum officially a edule establish ar or when the	o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longer	or bus stop on on for the dista ation upon certi	nce reported on the contract	session. The parent or guar ct actually occurs. rincipal of the school of the nuing this contract.	rdian assures that a licensed and umber of days the student(s) was
Elementary School Three Forks Elem		Chair, Boar						Date
High School District		Chair, Boar	d of Truste	es				Date
			I attes	t that the above i	information	is true and correct.		•
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	x 202501 ı, MT 59620	-2501		Du	e to Scho	ol Clerk June 1			
Elementary District Resp	onsible for Re	imbursing the	Contract			County	I	Legal Entity	
Pass Creek Elem	ı					Gallatin		0362	
High School or K-12 Dist		le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract shared  □ yes □ no	l between ele	ementary ar	nd high school	ol?					
Are you applying for is			□ No		Stuc	lent Name	School	Gr	ade
(If yes, please attach ISOLATION: Section 20	explanation) 0-10-142, MCA	, provides for	increased rein	nbursement	0100		33.133.	<b>.</b>	
rates for special circums increased rates, individual trustees of the district, the Public Instruction. (10.7.)	tances of isola al circumstanc e county trans	tion of resider es must be re portation com	nce. In order to viewed and ap mittee, and the	o receive proved by the	Stuc	lent Name	School	Gr	rade
Check here only if increa	sed payment o	due to isolatio	n has been ap	proved by the	Stud	lent Name	School	Gr	rade
Elem District Approval HS District Approval		Ini no	itials			lent Name	School	Gr	ade
		no				<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>		
Parent or Guardian N	ame: (Please	e Print)			□ 1	st Semester Only	□ 2nd Semester Only	√ □ Both Semesters	S
Dave Lambrecht Physical Address (stre	eet address	only):				kindergarten/Kinder st Semester Only	garten □ 2nd Semester Only	v □ Both Semesters	s
Distance from home to Elementary 5.3  Distance from home to Elementary 0  Contract is for one Students in Each Grade Level  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS <b>0</b> o nearest bu HS <b>0</b> e-way only	s stop, if an	y (one way)	s contract.  9-12 Total	Kind by ti To co Kind To co To co Dea PAR CLE files	his contract: or from Bus Stop or from School dergarten child ride or from School adlines: EENTS: Due to Scho RKS: Send original or for your files.  RECTOR SCHOOL  REC	times per day,times per day,times per day,times per day,times per day,times per day,times per day,	days per we days p	eek eek eek eek
insured driver will trar 2. In March and June, it transported for the pa 3. The payment shall be 4. This contract shall ter Elementary School Di Pass Creek Elem	sport or provide to sport the studen le District shall p. ist semester. computed on the minate at the en	ransportation for this. Mileage cor ay the parent the basis of the sod of the school Chair, Boa	r the student(s) to tracts are valid of e sum officially al chedule establish year or when the and of Truster	County, hereinaf o and from the school only when transportation opproved in the applicated in Section 20-10-1 student(s) is no longer	ter referred or bus stop on on for the dista tition upon certif 42, MCA, and	to as the District(s). the days when school is in	rincipal of the school of the nun ring this contract.	an assures that a licensed ar ober of days the student(s) was	
High School District		Chair, Boa	ard of Trustee	<del></del>				Date	
			I attest	that the above i	information	is true and correct.			
Signature - Parent or G	uardian						Date		

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501		D	ue to Scho	ol Clerk June 1			
Elementary District Re	sponsible for Re	imbursing the	Contract			County	,	Legal Entity	
Pass Creek Elei	m					Gallatin		0362	
High School or K-12 D	istrict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share □ yes □ no	ed between el	ementary ar	d high school	ol?					
Are you applying for			□ No		Stud	dent Name	School		Grade
(If yes, please attack ISOLATION: Section :	20-10-142, MCA	, provides for			1				
rates for special circum increased rates, individ trustees of the district,	lual circumstand the county trans	es must be re sportation com	viewed and apmittee, and the	proved by the	Stud	dent Name	School		Grade
Public Instruction. (10.	·	J	,		Stud	dent Name	School		Grade
Check here only if incre District Trustees and the		portation Con	mittee.	proved by the					
Elem District Approval		no	tials		Stud	dent Name	School		Grade
HS District Approval County Approval		□ no □ no				S CONTRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Onl	y 🗆 Both Se	mesters
Dawn Long					Pre-	kindergarten/Kinder	garten		
Physical Address (s	treet address	only):					2nd Semester Only	y   Both Se	mesters
						DERGARTEN/PRE			
Distance from home Elementary 4	to nearest so	hool (one wa	ay)		bv t	his contract:	es <u>with</u> other school-a	_	
Distance from home Elementary 0	to nearest bu	ıs stop, if an	y (one way)		Kin	dergarten child ride	times per day, _ times per day, _ s <u>without</u> other scho	ol-age student	ts:
·					To	or from School	times per day, _ times per day, _	days days	s per week s per week
☐ Contract is for or Students in Each Grade Le	• •	the students to t	be covered by thi	is contract.	De	adlines:			
	Pre-K	K	1-8	9-12		RENTS: Due to Scho	ool Clerk June 1.		
	Total	Total	Total	Total	CLE files		to County Supt by Jul	y 1, retain a cop	by for your
Regular Trans					COI	JNTY SUPERINTEN	IDENTS: Send origina	al to OPI by July	/ 10, retain a
Spec. Ed. Trans						y for your files.			
Room & Board							IMBURSEMENT RA		
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.						Reimhi	ursement rate is detern	nined by	
Contingency Spec. Ed. Contin.						Reimbo	20-10-142, MCA.	Timed by	
5,000. Ed. 00mm.									
Agreement between	ı parent (parer	nt name)			, and	d school district (distr	rict name)		,,
(county name) The parties agree as follow	vs:			County, hereina	after referred	to as the District(s).			
The parent shall tra insured driver will to	ansport or provide t ransport the studer	nts. Mileage cor	tracts are valid of	only when transporta	ation for the dista	nce reported on the contract			
transported for the	past semester.	•	•		·		rincipal of the school of the nur	mber of days the stu	dent(s) was
<ol> <li>This contract shall</li> </ol>	terminate at the en	d of the school y	ear or when the	student(s) is no long	ger enrolled in so	the information accompany chool, whichever occurs firs	ing uns contract. t.	Data	
Elementary School Pass Creek Elem		,	ard of Truste					Date	
High School District		Chair, Boa	ard of Truste	es				Date	
			l attes	t that the above	e information	is true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	a, MT 59620	-2501		Du	e to School Clerk Ju	une 1	
Elementary District Res	ponsible for Re	eimbursing the	Contract		County		Legal Entity
Pass Creek Elen	า				Gallatin		0362
High School or K-12 Dis		ole for Reimbu	rsing the Cont	ract	County		Legal Entity
Is this contract share  ☐ yes ☐ no	d between el	ementary ar	nd high school	ol?			
Are you applying for			□ No		Student Name	School	Grade
(If yes, please attach ISOLATION: Section 2	explanation) 0-10-142, MCA	A, provides for	increased rein	nbursement	Olddelli Name	Concor	Crudo
rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7	stances of isola ial circumstand ne county trans	ition of resider ses must be re sportation com	nce. In order to eviewed and ap amittee, and the	o receive oproved by the	Student Name	School	Grade
Check here only if incre	ased payment	due to isolatio	n has been ap	proved by the	Student Name	School	Grade
District Trustees and the	-	In	nmittee. itials		Student Name	School	Grade
	□ yes □	no				CT IS FOR	
County Approval  Parent or Guardian N		no			THIS CONTRA Grades 1-12	ICT IS FOR:	
	iairie. (i leas	e i iiii)			☐ 1st Semeste	er Only   2nd Semester	Only Doth Semesters
Niki Patterson Physical Address (str	oot addross	only):				en/Kindergarten	
Filysical Address (sti	eet address	Offig).			☐ 1st Semeste	er Only   2nd Semester	Only Both Semesters
Distance from home Elementary 3.5  Distance from home Elementary 0  Contract is for on Students in Each Grade Leventary 1  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.	HS <b>0</b> to nearest bu HS <b>0</b> e-way only	ıs stop, if an	y (one way)	s contract.  9-12 Total	Kindergarten oby this contract To or from Bus To or from Sch Kindergarten of To or from Bus To or from Sch Deadlines: PARENTS: Du CLERKS: Sen files.  COUNTY SUP copy for your file	stoptimes per dooltimes per dool	ay, days per week ay, days per week ay, days per week school-age students: ay, days per week ay, days per week ay, days per week ay, days per week TRATE OPI use only)
Contingency						Reimbursement rate is d 20-10-142, MO	
Spec. Ed. Contin.							
insured driver will tra  In March and June, transported for the p  The payment shall b  This contract shall te	s: sport or provide t insport the studei he District shall p ast semester. e computed on the erminate at the er	rransportation for this. Mileage cor you the parent the the basis of the sy do of the school	r the student(s) to tracts are valid of e sum officially a chedule establish year or when the	County, hereinaf o and from the school only when transportati pproved in the applica- ted in Section 20-10-1 student(s) is no longer	on for the distance reported or	District(s).  In school is in session. The parent or in the contract actually occurs. teacher or principal of the school of in accompanying this contract.	guardian assures that a licensed and the number of days the student(s) was
Elementary School D Pass Creek Elem	istrict	Chair, Boa	ard of Truste	es			Date
High School District		Chair, Boa	ard of Truste	es			Date
			I attes	t that the above	information is true and	correct.	
Signature - Parent or 0	Guardian					Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	, MT 59620-	-2501		Du	e to Scho	ol Clerk June 1			
Elementary District Resp	onsible for Rei	imbursing the	Contract			County	I	Legal Entity	
Pass Creek Elem						Gallatin		0362	
High School or K-12 Dist		le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract shared  ☐ yes ☐ no	l between ele	ementary an	d high schoo	ol?				-	
Are you applying for is			□ No		Stuc	dent Name	School	Gr	ade
(If yes, please attach e ISOLATION: Section 20	explanation) -10-142, MCA	, provides for	increased rein	nbursement	Otac	ioni i vaino	Concor	O.	uuc
rates for special circumst increased rates, individua trustees of the district, the Public Instruction. (10.7.1	ances of isolated circumstance county trans	tion of resider es must be re portation com	nce. In order to viewed and ap mittee, and the	o receive proved by the	Stud	dent Name	School	Gr	ade
Check here only if increa District Trustees and the	sed payment o	due to isolatio	n has been ap	proved by the	Stud	lent Name	School	Gr	ade
	□ yes □	no no	tials			dent Name	School	Gr	ade
County Approval  Parent or Guardian Na		no				<u>S CONTRACT IS FO</u> des 1-12	<u>)K:</u>		
	aille. (Fiease	<del>5</del>			□ 1	st Semester Only	☐ 2nd Semester Only	□ Both Semesters	3
Robert D. Miller Physical Address (stre	eet address o	only):				kindergarten/Kinder st Semester Only	garten □ 2nd Semester Only	v □ Both Semesters	S
Distance from home to Elementary 4  Distance from home to Elementary 0  Contract is for one Students in Each Grade Level  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS <b>0</b> o nearest bus HS <b>0</b> s-way only	s stop, if an	y (one way)	s contract.  9-12 Total	Kine by t To c Kine To c Vine To c Vine To c C C C C C C C C C C C C C C C C C C C	his contract: or from Bus Stop or from School dergarten child ride or from School adlines: RENTS: Due to Scho ERKS: Send original or for your files.  RENTS:	times per day,times per day,times per day,times per day,times per day,times per day,times per day,	days per we days p	eek eek eek eek
insured driver will tran  2. In March and June, th transported for the pa 3. The payment shall be 4. This contract shall ter Elementary School Di Pass Creek Elem	port or provide tr sport the studen e District shall pa st semester. computed on the minate at the end	ransportation for this. Mileage con ay the parent the e basis of the sod of the school Chair, Boa	the student(s) to tracts are valid of e sum officially ap chedule establish year or when the and of Trustee	County, hereinaf o and from the school only when transportation opproved in the applicated in Section 20-10-1 student(s) is no longer	ter referred or bus stop on on for the dista ation upon certi 42, MCA, and	to as the District(s). the days when school is in	rincipal of the school of the nun ring this contract.	an assures that a licensed an obser of days the student(s) was bate	
High School District		Chair, Boa	ard of Trustee	<del></del>				Date	
			I attest	that the above i	information	is true and correct.			
Signature - Parent or G	uardian						Date	·	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

(If yes, please attach explanation)  ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)  Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.	ade ade
High School or K-12 District Responsible for Reimbursing the Contract   County   Legal Entity	ade
High School or K-12 District Responsible for Reimbursing the Contract   County   Legal Entity	ade
Are you applying for isolation status?	ade
Are you applying for isolation status?	ade
(If yes, please attach explanation)  ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)  Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.  Elem District Approval  yes  no School Gr.	ade
Solution   Isolation   Isola	ade
rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)  Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.  Elem District Approval  yes  no Student Name School Gr.	
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.  Elem District Approval  yes  no Student Name School Gr.	ade
Elem District Approval  yes no Student Name School Gr	
	ade
County Approval	
Parent or Guardian Name: (Please Print)  Grades 1-12  1st Semester Only 2nd Semester Only Both Semesters	3
Sarah Mitchell       Pre-kindergarten/Kindergarten         Physical Address (street address only):       □ 1st Semester Only □ 2nd Semester Only □ Both Semesters	3
Distance from home to nearest school (one way) Elementary 4.3 HS 0  Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0  Contract is for one-way only  Students in Each Grade Level - Only include the students to be covered by this contract.  Pre-K K Total Total Total  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.  Extra Spec. Ed. Contin.  Contract is not one-way only  Contract is for one-way only  Elementary 0 HS 0  HS 0  Elementary 0 HS 0  Elemen	eek eek eek eek
Agreement between parent (parent name)	
Pass Creek Elem	
Pass Creek Elem	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena,	MT 59620-	-2501		Du	e to Scho	ol Clerk June 1		
Elementary District Respo	onsible for Rei	imbursing the	Contract			County	<u> </u>	Legal Entity
Pass Creek Elem						Gallatin		0362
High School or K-12 Distri	ict Responsibl	le for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract shared  ☐ yes ☐ no	between ele	ementary ar	nd high schoo	ol?				
Are you applying for is		ıs? □ Yes	□ No		Stuc	lent Name	School	Grade
(If yes, please attach e ISOLATION: Section 20-	explanation) 10-142, MCA	, provides for	increased rein	nbursement	Otac	ient rame	Concor	Orduc
rates for special circumsta increased rates, individua trustees of the district, the Public Instruction. (10.7.1	county transp	es must be re portation com	viewed and ap mittee, and the	proved by the	Stud	lent Name	School	Grade
Check here only if increas	ed payment d	due to isolatio	n has been ap	proved by the	Stud	lent Name	School	Grade
	□ yes □	no	itials			lent Name	School	Grade
County Approval  Parent or Guardian Na		no				<u>S CONTRACT IS FO</u> des 1-12	<u>)R:</u>	
Parent of Guardian Na	ille. (Flease	e Fillit)			□ 1	st Semester Only	☐ 2nd Semester Only	y
Tam Hedges-morg	gan et address c	only):				kindergarten/Kinder st Semester Only		y    Both Semesters
Distance from home to Elementary 5  Distance from home to Elementary 0  Contract is for one-Students in Each Grade Level  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS <b>0</b> nearest bus HS <b>0</b> -way only	s stop, if an	y (one way)	s contract.  9-12 Total	Kind by the Took Kind Took Took Took Took Took Took Took Too	his contract: or from Bus Stop or from School dergarten child ride or from School adlines: RENTS: Due to Scho REKS: Send original or for your files.  RECTS:	times per day, tool Clerk June 1.	days per week da
insured driver will trans 2. In March and June, the transported for the pas 3. The payment shall be 4. This contract shall tern Elementary School Dis Pass Creek Elem	port or provide tr sport the studeni E District shall pa st semester. computed on the ninate at the enc	ransportation for tts. Mileage cor ay the parent the e basis of the so d of the school Chair, Boa	r the student(s) to tracts are valid o e sum officially ap chedule establish year or when the ard of Trustee	County, hereinaf o and from the school only when transportation opproved in the applicated in Section 20-10-1 student(s) is no longer	ter referred or bus stop on on for the dista tition upon certi 42, MCA, and	to as the District(s). the days when school is in	ct actually occurs. rincipal of the school of the nur ring this contract.	ian assures that a licensed and mber of days the student(s) was
High School District		Chair, Boa	ard of Trustee	es				Date
			l attest	that the above i	information	is true and correct.		
Signature - Parent or Gu	ıardian						Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena, MT 59620	-2501	Due	e to School Clerk June 1		
Elementary District Responsible for Re	imbursing the Contract		County		Legal Entity
Pass Creek Elem			Gallatin		0362
High School or K-12 District Responsib	ole for Reimbursing the Co	ntract	County		Legal Entity
Is this contract shared between el □ yes □ no	ementary and high scho	ool?			
Are you applying for isolation state			Student Name	School	Grade
(If yes, please attach explanation)  ISOLATION: Section 20-10-142, MCA	a. provides for increased re	imbursement	Oldden Name	CCHOOL	Clade
rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov	tion of residence. In order res must be reviewed and a portation committee, and t	to receive approved by the	Student Name	School	Grade
Check here only if increased payment District Trustees and the County Trans	due to isolation has been a	approved by the	Student Name	School	Grade
Elem District Approval	Initials  no		Student Name	School	Grade
County Approval	□ no		THIS CONTRACT IS F Grades 1-12	OR:	
Parent or Guardian Name: (Please	e Print)		☐ 1st Semester Only	□ 2nd Semester Only	y
Yvonne Siemer Physical Address (street address	only):		Pre-kindergarten/Kinde  ☐ 1st Semester Only	ergarten  □ 2nd Semester Only	y   Both Semesters
			KINDERGARTEN/PRE	-KINDERGARTEN	
Distance from home to nearest so Elementary 7 HS 0	hool (one way)		Kindergarten child ric by this contract: To or from Bus Stop	des <u>with</u> other school-a times per day,	days per week days per week days per week
Distance from home to nearest but Elementary <b>0</b> HS <b>0</b>	s stop, if any (one way)	)	Kindergarten child ric	des without other scho	ol-age students: days per week days per week
☐ Contract is for one-way only			10 of from School	times per day, _	days per week
Students in Each Grade Level - Only include	the students to be covered by t	his contract.	Deadlines: PARENTS: Due to Sc	hool Clark June 1	
Pre-K Total	K 1-8 Total Total	9-12 Total			y 1, retain a copy for your
Regular Trans					
Spec. Ed. Trans			copy for your files.	NDENTS: Send origina	I to OPI by July 10, retain a
Room & Board				EFIMBURSEMENT RA	ATF
Correspondence			(For dis	strict, county and OPI	use only)
Reg. Contingency			Reim	bursement rate is determ	nined by
Spec. Ed. Contin.				20-10-142, MCA.	
	1				
Agreement between parent (parer	nt name)		, and school district (dis	strict name)	
(county name)	,				,
(county name) The parties agree as follows:	rependentation for the student(s)		er referred to as the District(s or bus stop on the days when school is		ion accuracy that a licensed and
insured driver will transport the studer	nts. Mileage contracts are valid	only when transportatio	on bus stop on the days when school is in for the distance reported on the contr tion upon certification by the teacher or	act actually occurs.	
transported for the past semester.	•		42, MCA, and the information accompa		
		e student(s) is no longer	r enrolled in school, whichever occurs fi		Date
Pass Creek Elem	,				
High School District	Chair, Board of Trust	ees			Date
	l atte	st that the above i	nformation is true and correct		
Signature - Parent or Guardian				Date	

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

PO Box 202501 Helena, MT 5962	0-2501		Due to School Clerk	June 1	
Elementary District Responsible for R	eimbursing the Con	tract	County		Legal Entity
Gallatin Gateway Elem			Galla	tin	0364
High School or K-12 District Respons	ible for Reimbursing	the Contract	County	un	Legal Entity
Is this contract shared between e □ yes □ no	elementary and hi	gh school?			
Are you applying for isolation sta	tus? □ Yes	□ No	Student Nam	ne School	Grade
(If yes, please attach explanation ISOLATION: Section 20-10-142, MC		eased reimbursement	Oldden Ivan	ic Garlooi	Grade
rates for special circumstances of isol increased rates, individual circumstan trustees of the district, the county tran	ices must be review isportation committe	red and approved by the ee, and the Office of	Student Nam	ne School	Grade
Public Instruction. (10.7.116 ARM pro Check here only if increased payment	t due to isolation ha	s been approved by the	Student Nam	ne School	Grade
District Trustees and the County Tran	Initials		Student Nam	ne School	Grade
	□ no	<del></del>			Grade
County Approval ☐ yes  Parent or Guardian Name: (Pleas	no Drint)		THIS CONT Grades 1-12	RACT IS FOR:	
·	se Pilili)		□ 1st Seme	ster Only	Only   Both Semesters
Cheryl Thiem Physical Address (street address	only):			arten/Kindergarten	
1 Hysical Address (street address	o Orliy).		☐ 1st Seme	ster Only	Only Both Semesters
Distance from home to nearest s Elementary <b>5.1</b> HS <b>0</b>	chool (one way)		Kindergarte by this cont To or from B	ract: us Stop times per d	ool-age students also covered ay, days per week
Distance from home to nearest b Elementary <b>0</b> HS <b>0</b>	us stop, if any (or	ne way)	To or from S  Kindergarte  To or from B  To or from S	chool times per discrete	ay, days per week chool-age students: ay, days per week ay, days per week
□ Contract is for one-way only					dy, days per week
Students in Each Grade Level - Only include	e the students to be co	vered by this contract.	<u>Deadlines</u> PARENTS:	S: Due to School Clerk June 1.	
Pre-K Total		1-8 9-12 Fotal Total		send original to County Supt by	/ July 1, retain a copy for your
Regular Trans				IDEDINITENDENTO O	· · · · · · · · · · · · · · · · · · ·
Spec. Ed. Trans			copy for you		iginal to OPI by July 10, retain a
Room & Board				REIMBURSEMEN	
Correspondence				(For district, county and	OPT use only)
Reg.			1	Reimbursement rate is de	etermined by
Contingency Spec. Ed. Contin.			1	20-10-142, MC	
Opco. Ed. Contin.			j L		
Agreement between parent (pare	ent name)		, and school	district (district name)	
(county name) The parties agree as follows:		County, here	inafter referred to as the	e District(s).	
				then school is in session. The parent or and on the contract actually occurs.	guardian assures that a licensed and
<ol><li>In March and June, the District shall transported for the past semester.</li></ol>	pay the parent the sum	n officially approved in the a	oplication upon certification by t	the teacher or principal of the school of t	he number of days the student(s) was
The payment shall be computed on the contract shall terminate at the expression of the contract shall terminate at the expression of the contract shall be computed on the contract shall be contracted by the contracted by the contract shall be contracted by the contract shall be contracted by the cont	end of the school year o	or when the student(s) is no			1 = .
Elementary School District Gallatin Gateway Elem	Chair, Board of	of Trustees			Date
High School District	Chair, Board o	of Trustees			Date
		I attest that the abo	ove information is true a	and correct.	l
Signature - Parent or Guardian				Date	

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

PO Box 202501 Helena, MT 59620	-2501		ue to School	Clerk June 1		
Elementary District Responsible for Re	eimbursing the Cont	ract	(	County	<u> </u>	Legal Entity
Gallatin Gateway Elem				Gallatin		0364
High School or K-12 District Responsit	ole for Reimbursing	the Contract		County		Legal Entity
Is this contract shared between el □ yes □ no	ementary and hig	jh school?				
Are you applying for isolation statu (If yes, please attach explanation)	1	No	Studer	nt Name	School	Grade
ISOLATION: Section 20-10-142, MCA rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov	ation of residence. It ses must be reviewe sportation committee	n order to receive ed and approved by the e, and the Office of	Studer	nt Name	School	Grade
Check here only if increased payment District Trustees and the County Trans	Studer	nt Name	School	Grade		
Elem District Approval	Initials no		Studer	nt Name	School	Grade
	□ no			CONTRACT IS FO	PR:	
Parent or Guardian Name: (Pleas	e Print)			s 1-12 Semester Only	□ 2nd Semester On	ly   Both Semesters
Frank Calvin				ndergarten/Kinderg		
Physical Address (street address	oniy):		□ 1st	Semester Only	□ 2nd Semester On	ly   Both Semesters
Distance from home to nearest so Elementary 11 HS 0  Distance from home to nearest but Elementary 0 HS 0  Contract is for one-way only Students in Each Grade Level - Only include  Pre-K Total  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg. Contingency Spec. Ed. Contin.	the students to be cover		Kinde by this To or t To or t Kinde To or t To or t To or t To or t To LER files. COUN	s contract: from Bus Stop from School rgarten child ride from Bus Stop from School  Illines: NTS: Due to Scho KS: Send original ITY SUPERINTEN or your files.  RE (For disti	times per day, times per day, times per day, s without other scho times per day,	days per week days per week  ly 1, retain a copy for your  al to OPI by July 10, retain a  ATE I use only)
Agreement between parent (parei (county name)  The parties agree as follows:  1. The parent shall transport or provide to	ransportation for the st	udent(s) to and from the schoo	ofter referred to		session. The parent or guard	dian assures that a licensed and
insured driver will transport the studer  2. In March and June, the District shall p transported for the past semester.  3. The payment shall be computed on the	pay the parent the sum	officially approved in the applic e established in Section 20-10-	cation upon certificated the category.	ation by the teacher or pre- information accompany	incipal of the school of the nu ing this contract.	umber of days the student(s) was
4. This contract shall terminate at the er Elementary School District	chair, Board of		jer enrolled in scho	ol, whichever occurs firs	t.	Date
Gallatin Gateway Elem High School District	Chair, Board of	f Trustees				Date
		I attest that the above	information is	true and correct.		<u> </u>
Signature - Parent or Guardian					Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena, MT 59620	)-2501	Due	to School Clerk June 1					
Elementary District Responsible for Re	eimbursing the Contract		County		Legal Entity			
Gallatin Gateway Elem			Gallatin		0364			
High School or K-12 District Responsi	ole for Reimbursing the Con	tract	County		Legal Entity			
Is this contract shared between e □ yes □ no	ementary and high scho	ol?						
Are you applying for isolation stat			Student Name	School	Grade			
(If yes, please attach explanation ISOLATION: Section 20-10-142, MC/	) A, provides for increased rei	mbursement	ota dont i tamo	<b>C</b> 0CC.	0.440			
rates for special circumstances of isola increased rates, individual circumstan- trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov	ces must be reviewed and a sportation committee, and the	pproved by the	Student Name	School	Grade			
Check here only if increased payment District Trustees and the County Trans	due to isolation has been a	oproved by the	Student Name School					
	Initials □ no □ no □ no		Student Name	School	Grade			
County Approval	□ no		THIS CONTRACT IS FOR	Ė				
Parent or Guardian Name: (Pleas	e Print)		☐ 1st Semester Only ☐	2nd Semester Only	□ Both Semesters			
Tricia Ryder Physical Address (street address	only):		Pre-kindergarten/Kindergar		□ Both Semesters			
Distance from home to nearest so Elementary 3.4 HS 0  Distance from home to nearest be Elementary 0 HS 0  Contract is for one-way only Students in Each Grade Level - Only include  Pre-K Total  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg. Contingency Spec. Ed. Contin.	us stop, if any (one way)	9-12 Total	(For distric	times per day, times per day, times per day, without other school times per day, l Clerk June 1.	days per week days per week l-age students: days per week days per week days per week  1, retain a copy for your to OPI by July 10, retain a			
insured driver will transport the stude 2. In March and June, the District shall transported for the past semester. 3. The payment shall be computed on the transported for the past semester. 4. This contract shall terminate at the elementary School District Gallatin Gateway Elem	transportation for the student(s) ints. Mileage contracts are valid by the parent the sum officially are basis of the schedule established of the school year or when the Chair, Board of Truste	County, hereinafter to and from the school or I only when transportation fapproved in the application thed in Section 20-10-142, a student(s) is no longer eres	, and school district (district referred to as the District(s).  bus stop on the days when school is in set for the distance reported on the contract at an upon certification by the teacher or princ MCA, and the information accompanying nrolled in school, whichever occurs first.	ssion. The parent or guardial ctually occurs. sipal of the school of the numb				
High School District	Chair, Board of Truste	ees			Date			
	I attes	t that the above info	ormation is true and correct.					
Signature - Parent or Guardian				Date				

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620	-2501		Du	e to School	Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		C	County		Legal Entity
LaMotte Elem					(	Gallatin		0367
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	tract		County		Legal Entity
Is this contract shar  ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?				
Are you applying for			□ No		Studer	nt Name	School	Grade
(If yes, please attac ISOLATION: Section			increased reir	mbursement	Olddel	it raine	0011001	Ciudo
rates for special circun increased rates, individual trustees of the district,	dual circumstand the county trans	ces must be re- sportation com-	viewed and apmittee, and th	oproved by the	Studer	nt Name	School	Grade
Public Instruction. (10.	·	J	·		Studer	nt Name	School	Grade
Check here only if incr District Trustees and the		sportation Com	mittee.	proved by the				
Elem District Approval		□ no	tials		Studer	nt Name	School	Grade
HS District Approval County Approval		□ no □ no				CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)			Grade: □ 1st	s 1-12 Semester Only	□ 2nd Semester Only	□ Both Semesters
Andy & Don Bo					Pre-kir	ndergarten/Kinder	narten	
Physical Address (s	treet address	only):						□ Both Semesters
							(INDERGARTEN:	
Distance from home Elementary <b>5.5</b>	e to nearest so HS <b>0</b>	chool (one wa	ıy)		by this	s contract:		ge students also covered  days per week
Distance from home Elementary <b>0</b>	to nearest bu	ıs stop, if any	(one way)		To or f <b>Kinde</b>	rom School rgarten child ride	times per day, _ es without other schoo	days per week
□ Contract is for o	ne-way only				To or f	rom School	times per day, _	days per week
Students in Each Grade Lo	evel - Only include	the students to b	e covered by th	is contract.		llines:	a al Olamba Ivos a 4	
	Pre-K	K	1-8	9-12		NTS: Due to Scho		
	Total	Total	Total	Total	CLERI files.	KS: Send original	to County Supt by July	1, retain a copy for your
Regular Trans					COLIN	TY SUPERINTEN	IDENTS: Send origina	I to OPI by July 10, retain a
Spec. Ed. Trans						or your files.	DENTO: Ocha origina	Tto Of 1 by duly 10, retain a
Room & Board							IMBURSEMENT RA	
Correspondence						(For dist	rict, county and OPI	use only)
Reg.								<del></del>
Contingency						Reimbi	ursement rate is determ 20-10-142, MCA.	ined by
Spec. Ed. Contin.								
Agreement betweer	n parent (parei	nt name)			, and s	chool district (distr	rict name)	,
(county name)				County, hereinaf	ter referred to	as the District(s).		
	ansport or provide t					e days when school is in reported on the contract		an assures that a licensed and
In March and June transported for the	, the District shall p	pay the parent the	e sum officially a	approved in the applica	ation upon certifica	tion by the teacher or pi	rincipal of the school of the nur	nber of days the student(s) was
<ol><li>The payment shall</li></ol>	be computed on th					information accompany ol, whichever occurs firs		
Elementary School LaMotte Elem			rd of Truste					Date
High School District		Chair, Boa	rd of Truste	es				Date
			l attes	t that the above i	information is	true and correct.		
Signature - Parent or	Guardian		. 41.00				Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	, MT 59620	-2501		Du	e to Scho	ol Clerk June 1				
Elementary District Resp	onsible for Re	imbursing the	Contract			County	I	Legal Entity		
LaMotte Elem						Gallatin		0367		
High School or K-12 Dist	rict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract shared  ☐ yes ☐ no	between ele	ementary ar	nd high school	ol?						
Are you applying for is			□ No		Stuc	lent Name	School	Gra		
(If yes, please attach of ISOLATION: Section 20	explanation) -10-142, MCA	, provides for	increased rein	nbursement	Otac	ient ivanie	CCHOOL	O16	uc	
rates for special circumst increased rates, individual trustees of the district, the Public Instruction. (10.7.	ances of isolated ances of iso	tion of resider es must be re portation com	nce. In order to viewed and ap mittee, and the	receive proved by the	Stud	lent Name	School	Gra	ade	
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.					Student Name School					
Elem District Approval	Initials  lem District Approval □ yes □ no S District Approval □ yes □ no					lent Name	School	Gra	ade	
		no			THIS CONTRACT IS FOR: Grades 1-12					
Parent or Guardian Na	ame: (Please	e Print)				st Semester Only	☐ 2nd Semester Only	√ □ Both Semesters	i	
Gerry Graff Physical Address (stre	eet address o	only):				kindergarten/Kinder st Semester Only	garten □ 2nd Semester Only	/ □ Both Semesters	i	
Distance from home to Elementary 3.1  Distance from home to Elementary 0  Contract is for one Students in Each Grade Level  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS <b>0</b> c nearest bu HS <b>0</b> c-way only	s stop, if an	y (one way)  De covered by thi  1-8  Total	9-12 Total	Mine To co To co PAF CLE files	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from Bus Stop or from Bus Stop or from Bus Stop or from School adlines: RENTS: Due to Scho RKS: Send original of for your files.  RE  RE  RE  RE  RE  RE  RE  RE  RE  R	times per day,times p	days per we days p	ek ek ek ek	
insured driver will tran  2. In March and June, th transported for the pa  3. The payment shall be	port or provide tr sport the studen e District shall pr st semester. computed on the minate at the end	ransportation for its. Mileage cor ay the parent the e basis of the so d of the school y	r the student(s) to tracts are valid o e sum officially al	County, hereinaf o and from the school nly when transportation oproved in the applicated ed in Section 20-10-1 student(s) is no longe	ter referred or bus stop on on for the dista ation upon certi 42, MCA, and	to as the District(s). the days when school is in	incipal of the school of the nur ing this contract.	an assures that a licensed and		
High School District		Chair, Boa	ard of Trustee	es				Date		
		<u> </u>	I attest	that the above i	information	is true and correct.				
Signature - Parent or G	uardian						Date			

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

PO Box 202501 Helena, MT 59620	-2501	D	Oue to School Clerk June 1		
Elementary District Responsible for Re	eimbursing the Conti	ract	County	l	Legal Entity
LaMotte Elem			Gallatin		0367
High School or K-12 District Responsib	ole for Reimbursing	the Contract	County		Legal Entity
Is this contract shared between el ☐ yes ☐ no	ementary and hig	h school?	·		•
Are you applying for isolation statu		No	Student Name	School	Grade
(If yes, please attach explanation)  ISOLATION: Section 20-10-142, MCA	A, provides for increa			3011001	Grado
rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans	es must be reviewe	d and approved by the	Student Name	School	Grade
Public Instruction. (10.7.116 ARM prov	rides guidelines for s	such.)	Student Name	School	Grade
Check here only if increased payment District Trustees and the County Trans					
	□ no	<u> </u>	Student Name	School	Grade
	□ no □ no		THIS CONTRACT IS FO	DR:	
Parent or Guardian Name: (Please	e Print)		Grades 1-12  ☐ 1st Semester Only	□ 2nd Semester Only	y □ Both Semesters
Glenn & Jane Chamberlin			Pre-kindergarten/Kinder	narten	
Physical Address (street address	only):		☐ 1st Semester Only		y □ Both Semesters
			KINDERGARTEN/PRE		
Distance from home to nearest so Elementary <b>7.3</b> HS <b>0</b>	hool (one way)		by this contract:	· · · · · · · · · · · · · · · · · · ·	ge students also covered days per week
Distance from home to nearest bu	is stop, if any (one	e way)	To or from School Kindergarten child ride	times per day, _ es without other scho	days per week ol-age students:
•			To or from Bus Stop To or from School	times per day, _ times per day, _	days per week days per week
☐ Contract is for one-way only	Mr	and by the contrast	Deadlines:		• •
Students in Each Grade Level - Only include			PARENTS: Due to Sch	ool Clerk June 1.	
Pre-K Total		-8 9-12 otal Total	CLERKS: Send origina files.	I to County Supt by July	y 1, retain a copy for your
Regular Trans				IDENTS: Cand origina	Lta ODI bu July 40 matain a
Spec. Ed. Trans			copy for your files.	IDEN 15: Send origina	I to OPI by July 10, retain a
Room & Board				EIMBURSEMENT RA	
Correspondence			(For dist	rict, county and OPI	use only)
Reg.			Reimb	ursement rate is detern	
Contingency Spec. Ed. Contin.			remb	20-10-142, MCA.	inica by
opod. Zu. doman.					
Agreement between parent (parer	nt name)		, and school district (dist	rict name)	,
(county name) The parties agree as follows:		County, herein	after referred to as the District(s).		
The parent shall transport or provide t insured driver will transport the studer	nts. Mileage contracts	are valid only when transporta	ool or bus stop on the days when school is in ation for the distance reported on the contract	ct actually occurs.	
<ol><li>In March and June, the District shall p transported for the past semester.</li></ol>	pay the parent the sum	officially approved in the appl	ication upon certification by the teacher or p	rincipal of the school of the nur	mber of days the student(s) was
This contract shall terminate at the en	d of the school year or	when the student(s) is no lon	0-142, MCA, and the information accompany ger enrolled in school, whichever occurs firs		
Elementary School District LaMotte Elem	Chair, Board of	Trustees			Date
High School District	Chair, Board of	Trustees			Date
		I attest that the above	e information is true and correct.		
Signature - Parent or Guardian				Date	

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620	)-2501		Du	ie to Schoo	ol Clerk June 1		
Elementary District Res	sponsible for Re	eimbursing the	Contract			County		Legal Entity
LaMotte Elem						Gallatin		0367
High School or K-12 Di	istrict Responsit	ole for Reimbu	rsing the Cont	tract		County		Legal Entity
Is this contract share  □ yes □ no	ed between el	ementary an	d high scho	ol?				•
Are you applying for			□ No		Stud	ent Name	School	Grade
(If yes, please attack ISOLATION: Section 2	20-10-142, MCA	A, provides for			Otac	one ramo	3311331	- Crado
rates for special circum increased rates, individ	lual circumstand	ces must be re-	viewed and ap	oproved by the	Stud	ent Name	School	Grade
trustees of the district, Public Instruction. (10.7)				e Office of				
Check here only if incre District Trustees and th				proved by the	Stud	ent Name	School	Grade
Elem District Approval	•		tials		Stud	ent Name	School	Grade
HS District Approval County Approval	□ yes □	□ no			THIS	S CONTRACT IS FO	DR:	
Parent or Guardian					Grad	des 1-12 st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
John & Louise S	Stevens					Ţ	ĺ	Doin Semesters
Physical Address (s		only):				kindergarten/Kinder st Semester Only		/ □ Both Semesters
					KINI	DERGARTEN/PRE	CINDERGARTEN.	
Distance from home	to nearest so	chool (one wa	av)		Kind			ge students also covered
Elementary 11	HS <b>0</b>	(0112	-57		To o	r from Bus Stop	times per day, _	days per week
Distance from home Elementary <b>0</b>	to nearest bu	ıs stop, if any	(one way)		Kind	dergarten child ride	es without other school	days per week ol-age students: days per week days per week days per week
☐ Contract is for or	ne-way only				Тоо	r from School	times per day, _	days per week
Students in Each Grade Le	evel - Only include	the students to b	e covered by th	is contract.		adlines: ENTS: Due to Sch	aal Clark Juna 1	
	Pre-K	K	1-8	9-12				
	Total	Total	Total	Total	files.		to County Supt by July	/ 1, retain a copy for your
Regular Trans					COL	JNTY SUPERINTEN	IDENTS: Send origina	I to OPI by July 10, retain a
Spec. Ed. Trans						for your files.		
Room & Board							IMBURSEMENT RA	
Correspondence						(For dist	rict, county and OPI	use only)
Reg.						D a land		the sell beau
Contingency Spec. Ed. Contin.						Reimbi	ursement rate is determ 20-10-142, MCA.	nined by
Spec. Ed. Contin.								
Agreement between	parent (parei	nt name)			, and	I school district (distr	rict name)	
(county name) The parties agree as follow	vs.			County, hereinaf	ter referred	to as the District(s).		
The parent shall tra insured driver will to	insport or provide transport the stude	nts. Mileage con	tracts are valid	only when transportation	on for the distar	nce reported on the contract	ct actually occurs.	ian assures that a licensed and
transported for the	past semester.							nber of days the student(s) was
<ol> <li>This contract shall</li> </ol>	terminate at the er	nd of the school y	ear or when the	student(s) is no longe		the information accompany hool, whichever occurs firs		Data
Elementary School I LaMotte Elem	District	Chair, Boa	ard of Truste	es				Date
High School District		Chair, Boa	ard of Truste	es				Date
			I attes	t that the above i	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

PO Box 202501 Helena, MT 59620	)-2501	С	Oue to School Clerk June 1		
Elementary District Responsible for Re	eimbursing the Cont	ract	County		Legal Entity
LaMotte Elem			Gallatin		0367
High School or K-12 District Responsib	ole for Reimbursing	the Contract	County		Legal Entity
Is this contract shared between el □ yes □ no	ementary and hig	gh school?			
Are you applying for isolation state		No	Student Name	School	Grade
(If yes, please attach explanation)  ISOLATION: Section 20-10-142, MCA		ased reimbursement		Concor	Ciudo
rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans	ces must be reviewe	ed and approved by the	Student Name	School	Grade
Public Instruction. (10.7.116 ARM prov			Student Name	School	Grade
Check here only if increased payment District Trustees and the County Trans	sportation Committe		Stadent Name	Contoon	Grade
	Initials  no		Student Name	School	Grade
	□ no □ no		THIS CONTRACT IS FO	DR:	
Parent or Guardian Name: (Pleas	e Print)		Grades 1-12  ☐ 1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Kim Goodwin			Pre-kindergarten/Kinder	narten	
Physical Address (street address	only):		☐ 1st Semester Only		/ □ Both Semesters
			KINDERGARTEN/PRE	KINDERGARTEN:	
Distance from home to nearest so Elementary <b>10.4</b> HS <b>0</b>	chool (one way)		by this contract:	· · · · · · · · · · · · · · · · · · ·	ge students also covered days per week
Distance from home to nearest bu	ıs stop, if any (on	e way)	To or from School Kindergarten child ride	times per day, _ es without other scho	days per week ol-age students:
, , , , , , , , , , , , , , , , , , , ,			To or from Bus Stop To or from School	times per day, _ times per day, _	days per week days per week
☐ Contract is for one-way only	4h4. d4- 4- h	and but his and a	Deadlines:		• •
Students in Each Grade Level - Only include			PARENTS: Due to Sch	ool Clerk June 1.	
Pre-K Total		1-8 9-12 otal Total	CLERKS: Send origina files.	I to County Supt by July	1, retain a copy for your
Regular Trans				IDENTS: Cand ariaina	I to ODI had balando motoire o
Spec. Ed. Trans			copy for your files.	IDEN 15: Send ongina	I to OPI by July 10, retain a
Room & Board				EIMBURSEMENT RA	
Correspondence			(For dist	rict, county and OPI	use only)
Reg.			Reimb	ursement rate is determ	 nined by
Contingency Spec. Ed. Contin.			remb	20-10-142, MCA.	inica by
opos. Ed. domain.					
Agreement between parent (parer	nt name)		, and school district (dist	rict name)	,
(county name) The parties agree as follows:		County, herein	after referred to as the District(s).		
The parent shall transport or provide to insured driver will transport the students.	nts. Mileage contracts	are valid only when transports	ool or bus stop on the days when school is in ation for the distance reported on the contra	ct actually occurs.	
<ol><li>In March and June, the District shall p transported for the past semester.</li></ol>	pay the parent the sum	officially approved in the appl	lication upon certification by the teacher or p	rincipal of the school of the nur	mber of days the student(s) was
<ol> <li>This contract shall terminate at the er</li> </ol>	nd of the school year or	when the student(s) is no lon	0-142, MCA, and the information accompany nger enrolled in school, whichever occurs firs		
Elementary School District LaMotte Elem	Chair, Board o	t Trustees			Date
High School District	Chair, Board o	f Trustees			Date
		I attest that the above	e information is true and correct.		
Signature - Parent or Guardian				Date	

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Elementary District Responsible for Reinhursing the Contract  Ladhotte Elem  Is plis School or X: 12 District Responsible for Reinhursing the Contract  Is plis Chorlor X: 12 District Responsible for Reinhursing the Contract  Is plis contract shared between elementary and high school?  Legal Entity  County  Legal Entity  Legal Enti		30x 202501 na, MT 59620	)-2501		Du	ie to Schoo	ol Clerk June 1		
Is this contract shared between elementary and high school?    yes	Elementary District Re	sponsible for Re	eimbursing the	Contract			County		Legal Entity
Is this contract shared between elementary and high school?    yes	LaMotte Flem						Gallatin		0367
Are you applying for isolation status?   Yes		istrict Responsit	ole for Reimbur	sing the Con	tract				
Are you applying for isolation status?   Yes									
Student Name		ed between el	ementary and	d high scho	ol?				
Student Name				□ No		Stud	ent Name	School	Grade
Increased rates, individual chromatenese must be reviewed and approved by the trastees of the district, the county supportation committee. In a structure of Public instruction. (10.7.16 ARM) provides guidelines for such.)    Check here only if increased payment due to loidation has been approved by the District Trastees and the County Transportation Committee.	ISOLATION: Section	20-10-142, MCA	A, provides for i			Olda	one ramo	Concor	- Clado
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.    Student Name	increased rates, individ	dual circumstand	ces must be rev	viewed and a	oproved by the	Stud	ent Name	School	Grade
Student Name   School   Grade	,	·	, and the second	,		Stud	ent Name	School	Grade
Suderit Name			sportation Com	mittee.	pproved by the				
Parent or Guardian Name: (Please Print)   Pre-kindergarten (Please Print)   Pre-kind			□ no			Stud	ent Name	School	Grade
Standards   Parent of Guardian Name: (Please Print)								DR:	
Physical Address (street address only):   1st Semester Only   2nd Semester Only   Both Semesters	Parent or Guardian	Name: (Pleas	e Print)					□ 2nd Semester Only	□ Both Semesters
Ist Semester Only   Both Semester						Pre-l	kindergarten/Kinder	parten	
Distance from home to nearest school (one way)  Elementary 10	Physical Address (s	treet address	only):						□ Both Semesters
Distance from home to nearest school (one way) Elementary 10									
Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0  Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract.  Regular Trans Spec. Ed. Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name)  County Spec. Ed. Contin.  County name)  County name)  County name  County na			hool (one wa	ıy)		by th	nis contract:		
Students in Each Grade Level - Only include the students to be covered by this contract.    Pro-K			ıs stop, if any	(one way)		To o <b>Kind</b>	r from School lergarten child ride	times per day, _ s without other school	days per week ol-age students:
PRENTS: Due to School Clerk June 1.  CLERKS: Send original to County Supt by July 1, retain a copy for your files.  COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.  COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.  COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.  Reg., Contingency Spec. Ed. Contin.  Agreement between parent (parent name), and school district (district name),  (county name), County, hereinafter referred to as the District(s).  The parent shall transport the students Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  1. The parent shall transport the students Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Date  I attest that the above information is true and correct.	□ Contract is for o	ne-way only				To o	r from School	times per day, _	days per week
Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parties spice spice spice of the past semester. 2. In March and June, the District shall pay the parent the sum officially approved in the application by the teacher or principal of the school of the subdent(s) was transported for the past semester. 3. The parent shall transport and only the parent the sum officially approved in the application by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the school vear or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District Chair, Board of Trustees  Date  I attest that the above information is true and correct.	Students in Each Grade Lo	evel - Only include	the students to b	e covered by th	is contract.				
Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name)  County, hereinafter referred to as the District (district name)  County name)  County name)  County, hereinafter referred to as the District(s).  The parties agree as follows:  1. The parent shall transport for provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  In March and June, the District shall promise the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  The parent shall transport the students will be school of the school of the number of days the student(s) was transported for the past semester.  The contract shall transport the students of the school of the school of the number of days the student(s) was transported for the past semester.  The parent shall transport the students of the school of the school of the number of days the student(s) was transported for the past semester.  The contract shall terminate at the end of the school of Trustees  Date  I attest that the above information is true and correct.					-	PAR	ENTS: Due to Sch	ool Clerk June 1.	
Spec. Ed. Trans  Room & Board  Correspondence  Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name)  County, hereinafter referred to as the District(s).  The paries agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  Elementary School District Chair, Board of Trustees  Date  I attest that the above information is true and correct.		Total	Total	Total	Total		RKS: Send original	to County Supt by July	1, retain a copy for your
Spec. Ed. Trans  Room & Board  Correspondence  Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name)	Regular Trans					COL	NTY SUPERINTEN	IDENTS: Send origina	I to OPI by July 10, retain a
Correspondence Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name), and school district (district name),  (county name) County, hereinafter referred to as the District(s).  The parties agree as follows:  1. The parties agree as follows: 1. The parties agree as follows: 2. In March and June, the District shall pay the parent the sun officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District	Spec. Ed. Trans							DENTO: Cond origina	rto or r by oury ro, rotain a
Reimbursement rate is determined by 20-10-142, MCA.  Agreement between parent (parent name), and school district (district name),  (county name) County, hereinafter referred to as the District(s).  The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification upon certification upon certification upon the school of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District	Room & Board								
Agreement between parent (parent name)	Correspondence						(For dist	rict, county and OPI	use only)
Agreement between parent (parent name)							Daimh.		in all hor
Agreement between parent (parent name)							Reimbi		lined by
(county name) County, hereinafter referred to as the District(s).  The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Date  High School District  Chair, Board of Trustees  I attest that the above information is true and correct.	Spec. Ed. Contin.								
(county name) County, hereinafter referred to as the District(s).  The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Date  High School District  Chair, Board of Trustees  I attest that the above information is true and correct.									
The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Date  High School District  Chair, Board of Trustees  I attest that the above information is true and correct.	Agreement betweer	n parent (parer	nt name)			, and	school district (distr	rict name)	,,, , , , , , , , , , , , , ,
1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  LaMotte Elem  High School District  Chair, Board of Trustees  Date  I attest that the above information is true and correct.					County, hereinaf	ter referred	to as the District(s).		
2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  LaMotte Elem  High School District  Chair, Board of Trustees  Date  I attest that the above information is true and correct.	<ol> <li>The parent shall tra</li> </ol>	ansport or provide t							an assures that a licensed and
3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  LaMotte Elem  High School District  Chair, Board of Trustees  Date  I attest that the above information is true and correct.	<ol><li>In March and June</li></ol>	, the District shall p	pay the parent the	sum officially a	approved in the applica	ation upon certifi	cation by the teacher or p	rincipal of the school of the nur	nber of days the student(s) was
LaMotte Elem High School District Chair, Board of Trustees Date  I attest that the above information is true and correct.	<ol><li>The payment shall</li></ol>	be computed on th							
High School District Chair, Board of Trustees Date  I attest that the above information is true and correct.		District	Chair, Boa	rd of Truste	es				Date
			Chair, Boa	rd of Truste	es				Date
			l	Lattes	t that the above	information	is true and correct		ı
	Signature - Parent or	Guardian		, 4,130				Date	

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	-2501				ol Clerk June 1		
Elementary District Re	sponsible for Re	imbursing the C	Contract			County	<u> </u>	Legal Entity
LaMotte Elem						Gallatin		0367
High School or K-12 D	istrict Responsib	le for Reimburs	sing the Cont	ract		County		Legal Entity
Is this contract shar  ☐ yes ☐ no	ed between el	ementary and	high school	ol?				
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	tion of residences must be revi sportation comm	e. In order to sewed and applittee, and the	o receive oproved by the	Stud	dent Name	School	Grade
Check here only if incr	Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.				Stud	dent Name	School	Grade
Elem District Approval HS District Approval	rict Approval □ yes □ no				Stud	dent Name	School	Grade
County Approval	□ yes	no				S CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	ly    Both Semesters
Sharon Beck						-kindergarten/Kinder		
Physical Address (s	treet address	oniy):			□ 1	st Semester Only	□ 2nd Semester On	ly □ Both Semesters
Distance from home Elementary 7.3  Distance from home Elementary 0  Contract is for o Students in Each Grade Low Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS 0 e to nearest bu HS 0 ne-way only	s stop, if any	(one way)	s contract.  9-12 Total	Kind by the Took Kind Took Took Took PAR	his contract: or from Bus Stop_ or from School dergarten child ride or from Bus Stop_ or from School  adlines: RENTS: Due to Schoel ERKS: Send original .  UNTY SUPERINTEN y for your files.  REA  REA  REA  REA  REA  REA  REA  RE	times per day,	days per week days per week days per week  ly 1, retain a copy for your  al to OPI by July 10, retain a  ATE I use only)
insured driver will t 2. In March and June transported for the 3. The payment shall	vs: ansport or provide t ransport the studer, the District shall p past semester. be computed on tr terminate at the en	ransportation for the state of the parent the state basis of the sch	he student(s) to acts are valid o sum officially a edule establish ar or when the	o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longer	ter referred or bus stop on on for the dista tition upon certi 42, MCA, and	nce reported on the contract	session. The parent or guar tt actually occurs. rincipal of the school of the nu	dian assures that a licensed and umber of days the student(s) was
LaMotte Elem		,						
High School District	·	Chair, Boar	u oi iiusie					Date
			I attes	t that the above i	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena, MT 59620	)-2501	Due 1	to School Clerk June 1					
Elementary District Responsible for Re	eimbursing the Contract		County	Legal Entity				
LaMotte Elem			Gallatin	0367				
High School or K-12 District Responsit	ole for Reimbursing the Conf	tract	County	Legal Entity				
Is this contract shared between el □ yes □ no	ementary and high school	ol?	<u> </u>	<u>'</u>				
Are you applying for isolation state			Student Name	School Grade				
(If yes, please attach explanation)  ISOLATION: Section 20-10-142, MCA	A, provides for increased reir	mbursement	Cladolii Hallio					
rates for special circumstances of isola increased rates, individual circumstance trustees of the district, the county transpublic Instruction. (10.7.116 ARM proving the county transpublic Instruction.)	ces must be reviewed and apportation committee, and th	pproved by the	Student Name	School Grade				
Check here only if increased payment District Trustees and the County Trans	due to isolation has been ap	oproved by the	Student Name School					
HS District Approval ☐ yes	Initials □ no □ no			School Grade				
County Approval	□ no		THIS CONTRACT IS FOR: Grades 1-12					
Parent or Guardian Name: (Pleas	e Piliti)		☐ 1st Semester Only ☐ 2r	nd Semester Only   Both Semesters				
Shelley Laferr Physical Address (street address	only):		Pre-kindergarten/Kindergarten  1st Semester Only 2r	nd Semester Only   Both Semesters				
Distance from home to nearest so Elementary 6.6 HS 0  Distance from home to nearest but Elementary 0 HS 0  Contract is for one-way only Students in Each Grade Level - Only include  Pre-K Total  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	the students to be covered by th  K 1-8  Total Total	9-12 Total	by this contract: To or from Bus Stop To or from School Kindergarten child rides with To or from Bus Stop To or from Bus Stop To or from School  Deadlines: PARENTS: Due to School Cle CLERKS: Send original to Co files.  COUNTY SUPERINTENDENT copy for your files.  REIMBL (For district, c	nother school-age students also covered times per day, days per week times per day, days per week mout other school-age students: times per day, days per week times per day, days per week days per week times per day, times per week days per week days per week days per week days per week erk June 1.  Sunty Supt by July 1, retain a copy for your rescaled to OPI by July 10, retain a JRSEMENT RATE ounty and OPI use only)  The sent rate is determined by the school of the				
insured driver will transport the stude 2. In March and June, the District shall p transported for the past semester. 3. The payment shall be computed on the	transportation for the student(s) to the student the student thats. Mileage contracts are valid on the parent the sum officially and the parent the schedule establish	County, hereinafter o and from the school or to only when transportation fupproved in the application and in Section 20-10-142, student(s) is no longer en	or the distance reported on the contract actual	The parent or guardian assures that a licensed and ly occurs.     f the school of the number of days the student(s) was				
High School District	Chair, Board of Truste	es		Date				
	l attes	t that the above info	ormation is true and correct.					
Signature - Parent or Guardian			Date					

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501		D	ue to Scho	ol Clerk June 1					
Elementary District Re	sponsible for Re	imbursing the	Contract			County	,	Legal Entity			
Belgrade Elem						Gallatin		0368			
High School or K-12 D	istrict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity			
Is this contract share □ yes □ no	ed between el	ementary ar	d high school	ol?							
Are you applying for			□ No		Stud	dent Name	School		Grade		
(If yes, please attaction: Section	20-10-142, MCA	, provides for			1						
rates for special circum increased rates, individ trustees of the district,	dual circumstand the county trans	es must be re sportation com	viewed and apmittee, and the	proved by the	Stud	dent Name	School		Grade		
Public Instruction. (10.	·	J	,		Stud	dent Name	School		Grade		
	Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.  Initials										
Elem District Approval		no	itials 		Stud	lent Name	School		Grade		
HS District Approval County Approval		□ no □ no				S CONTRACT IS FO	DR:				
Parent or Guardian Name: (Please Print)						des 1-12 st Semester Only	□ 2nd Semester Onl	y □ Both Sei	mesters		
Annette Epple-H					Pre-	kindergarten/Kinder	narten				
Physical Address (s	treet address	only):					2nd Semester Onl	y 🗆 Both Sei	mesters		
						DERGARTEN/PRE					
Distance from home Elementary 8	e to nearest so HS <b>0</b>	hool (one wa	ay)		bv t	his contract:	es <u>with</u> other school-a times per day,	_			
Distance from home Elementary <b>0</b>	e to nearest bu	ıs stop, if an	y (one way)		Kind	dergarten child ride	times per day, _ times per day, _ s <u>without</u> other scho times per day, _	ol-age student	s:		
□ Contract is for o	ne-wav only				To	or from School	times per day,	days	per week		
Students in Each Grade Le	• •	the students to b	be covered by thi	is contract.		adlines:					
	Pre-K	K	1-8	9-12	PAF	RENTS: Due to Scho	ool Clerk June 1.				
Regular Trans	Total	Total	Total	Total	CLE files		to County Supt by Jul	y 1, retain a cop	y for your		
Spec. Ed. Trans						JNTY SUPERINTEN y for your files.	IDENTS: Send origina	al to OPI by July	10, retain a		
Room & Board						RE	IMBURSEMENT RA	ATE			
Correspondence							rict, county and OPI				
Reg.						_					
Contingency						Reimbi	ursement rate is deterr 20-10-142, MCA.	nined by			
Spec. Ed. Contin.							20 10 112, 111071.				
Agreement betweer	n parent (parer	nt name)			, and	d school district (distr	ict name)		,		
(county name)				County, hereina	ifter referred	to as the District(s).					
	ansport or provide t						session. The parent or guard	lian assures that a lic	ensed and		
	, the District shall p					nce reported on the contraction by the teacher or properties of the second of the contraction of the contrac	ct actually occurs. rincipal of the school of the nu	mber of days the stud	dent(s) was		
<ol><li>The payment shall</li></ol>	be computed on th	e basis of the so	chedule establish	ned in Section 20-10- student(s) is no long	-142, MCA, and ser enrolled in so	the information accompany	ing this contract. t.				
Elementary School			ard of Truste		, c. c		v	Date			
Belgrade Elem High School District		Chair, Boa	ard of Truste	es				Date			
			- علام ا	t that the above	informatia	in true and sames					
Signature - Parent or	Guardian		ı attes	t triat trie above	illomation	is true and correct.	Date				
	<b></b>										

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501	Due to School Clerk June 1								
Elementary District Re	sponsible for Re	imbursing the	Contract			County	,	Legal Entity			
Belgrade Elem						Gallatin		0368			
High School or K-12 D	istrict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity			
Is this contract share □ yes □ no	ed between el	ementary ar	d high school	ol?							
Are you applying for			□ No		Stud	dent Name	School		Grade		
(If yes, please attaction: Section	20-10-142, MCA	, provides for			1						
rates for special circum increased rates, individ trustees of the district,	lual circumstand the county trans	es must be re sportation com	viewed and apmittee, and the	proved by the	Stud	Student Name School Grade					
Public Instruction. (10.	·	J	,		Student Name School Grade						
Check here only if incre District Trustees and the		portation Con	mittee.	proved by the							
Elem District Approval		no	tials		Student Name School Grade						
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS FOR:						
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Onl	y □ Both Se	mesters		
Brenda Schott					Pre	kindergarten/Kinder	narten	•			
Physical Address (s	treet address	only):					☐ 2nd Semester Onl	y □ Both Se	mesters		
					KINDERGARTEN/PREKINDERGARTEN:						
Distance from home Elementary 8	to nearest sc	hool (one wa	ay)		bv t	his contract:	es with other school-a	_			
Distance from home	to nearest bu	ıs stop, if an	y (one way)		Kind	dergarten child ride	times per day, _ times per day, _ s <u>without</u> other scho	ol-age student	s:		
Elementary <b>0</b>	HS <b>0</b>				To c	or from Bus Stop or from School	times per day, _ times per day, _	days	s per week s per week		
□ Contract is for o						adlines:		,	•		
Students in Each Grade Le				· · · · · · · · · · · · · · · · · · ·	PAR	RENTS: Due to Scho	ool Clerk June 1.				
	Pre-K Total	K Total	1-8 Total	9-12 Total	<b>CLERKS:</b> Send original to County Supt by July 1, retain a copy for your files.						
Regular Trans					COL	INTY SUPERINTEN	IDENTS: Send origina	al to OPI by July	/10 retain a		
Spec. Ed. Trans						for your files.	DENTO: Ocha ongme	in to Or 1 by oury	ro, retair a		
Room & Board					REIMBURSEMENT RATE						
Correspondence						(For dist	rict, county and OPI	use only)			
Reg.						<del></del>		<del></del>			
Contingency						Reimbi	ursement rate is detern 20-10-142, MCA.	nined by			
Spec. Ed. Contin.											
Agreement betweer	n parent (parer	nt name)			, and	d school district (distr	ict name)		······································		
(county name)				County, hereina	ifter referred	to as the District(s).					
	ansport or provide t					the days when school is in	session. The parent or guard	lian assures that a lid	censed and		
In March and June transported for the	, the District shall p past semester.	ay the parent the	e sum officially a	pproved in the applic	cation upon certi	fication by the teacher or pr	rincipal of the school of the nu	mber of days the stu	dent(s) was		
<ol><li>The payment shall</li></ol>	be computed on th	d of the school y	ear or when the	student(s) is no long	-142, MCA, and ger enrolled in so	the information accompany chool, whichever occurs firs	ing this contract. t.				
Elementary School Belgrade Elem	District	Chair, Boa	ard of Truste	es				Date			
High School District		Chair, Boa	ard of Truste	es				Date			
			l attes	t that the above	information	is true and correct.					
Signature - Parent or	Guardian		. 41.00				Date				

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501	Due to School Clerk June 1								
Elementary District Re	sponsible for Re	imbursing the	Contract			County	,	Legal Entity			
Belgrade Elem						Gallatin		0368			
High School or K-12 D	istrict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity			
Is this contract share □ yes □ no	ed between el	ementary ar	d high school	ol?							
Are you applying for			□ No		Stud	dent Name	School		Grade		
(If yes, please attaction: Section	20-10-142, MCA	, provides for			1						
rates for special circum increased rates, individ trustees of the district,	lual circumstand the county trans	es must be re sportation com	viewed and apmittee, and the	proved by the	Stud	Student Name School Grade					
Public Instruction. (10.	·	J	,		Student Name School Grade						
Check here only if incre District Trustees and the		portation Con	mittee.	proved by the							
Elem District Approval		no	tials		Student Name School Grade						
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS FOR:						
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Onl	y □ Both Se	mesters		
Craig & Kristi M	ay				Pre-	kindergarten/Kinder	narten				
Physical Address (s	treet address	only):					2nd Semester Onl	y 🗆 Both Se	mesters		
					KINDERGARTEN/PREKINDERGARTEN:						
Distance from home Elementary 7	to nearest so	hool (one wa	ay)		bv t	his contract:	es <u>with</u> other school-a times per day,	_			
Distance from home Elementary <b>0</b>	to nearest bu	ıs stop, if an	y (one way)		Kind	dergarten child ride	times per day, _ times per day, _ s <u>without</u> other scho times per day, _	ol-age student	s:		
□ Contract is for o	ne-wav only				To	or from School	times per day,	days	s per week		
Students in Each Grade Le	• •	the students to b	be covered by thi	s contract.	Dea	adlines:					
	Pre-K	K	1-8	9-12	PAF	RENTS: Due to Scho	ool Clerk June 1.				
Pogular Trans	Total	Total	Total	Total	<b>CLERKS:</b> Send original to County Supt by July 1, retain a copy for your files.						
Regular Trans Spec. Ed. Trans						JNTY SUPERINTEN of for your files.	IDENTS: Send origina	al to OPI by July	10, retain a		
Room & Board					REIMBURSEMENT RATE						
Correspondence							rict, county and OPI				
Reg.											
Contingency						Reimbi	ursement rate is detern 20-10-142, MCA.	nined by			
Spec. Ed. Contin.							20-10-142, WCA.				
Agreement betweer	n parent (parer	nt name)			, and	d school district (distr	rict name)		,		
(county name)			(	County, hereina	ifter referred	to as the District(s).					
The parties agree as follow 1. The parent shall tra	ansport or provide t						session. The parent or guard	lian assures that a lic	censed and		
<ol><li>In March and June</li></ol>	, the District shall p					nce reported on the contract fication by the teacher or p	ct actually occurs. rincipal of the school of the nu	mber of days the stu	dent(s) was		
transported for the 3. The payment shall 4 This contract shall	be computed on th	e basis of the so	chedule establish	ned in Section 20-10-	-142, MCA, and	the information accompany	ing this contract.				
Elementary School			ard of Truste		ger ernoneu iii St	MOOI, WINGIEVEL OCCUIS IIIS	L.	Date			
Belgrade Elem High School District		Chair, Boa	ard of Truste	es				Date			
			1		t	in the control of the					
Signature - Parent or	Guardian		I attes	t tnat the above	intormation	is true and correct.	Date				
orginature - Farent Of	Guaruian						Date				

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501	Due to School Clerk June 1								
Elementary District Re	sponsible for Re	imbursing the	Contract			County	1	Legal Entity			
Belgrade Elem						Gallatin		0368			
High School or K-12 D	istrict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity			
Is this contract share □ yes □ no	ed between el	ementary an	d high school	ol?							
Are you applying for			□ No		Stud	dent Name	School		Grade		
(If yes, please attaction: Section	20-10-142, MCA	, provides for	increased reir	mbursement							
rates for special circum increased rates, individ trustees of the district,	dual circumstand the county trans	es must be re sportation com	viewed and apmittee, and the	proved by the	Stud	dent Name	School		Grade		
Public Instruction. (10.	·	J	,		Student Name School Grade						
Check here only if incre District Trustees and the		portation Com	mittee.	proved by the							
Elem District Approval		no	tials		Student Name School Grade						
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS FOR:						
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Onl	y 🗆 Both Sei	mesters		
Dan & Julie Gro	oms				Pre-	kindergarten/Kinder	parten				
Physical Address (s	treet address	only):					2nd Semester Only	y 🗆 Both Sei	mesters		
					KINDERGARTEN/PREKINDERGARTEN:						
Distance from home Elementary 8	e to nearest so HS <b>0</b>	hool (one wa	ay)		bv t	his contract:	es <u>with</u> other school-a times per day,	_			
Distance from home Elementary <b>0</b>	e to nearest bu	ıs stop, if an	y (one way)		Kind	dergarten child ride	times per day, _ times per day, _ s <u>without</u> other scho times per day, _	ol-age student	s:		
□ Contract is for o	ne-way only				To c	or from School	times per day,	days	per week		
Students in Each Grade Le		the students to b	be covered by the	is contract.		adlines:					
	Pre-K	K	1-8	9-12	PAF	RENTS: Due to Scho	ool Clerk June 1.				
D	Total	Total	Total	Total	<b>CLERKS:</b> Send original to County Supt by July 1, retain a copy for your files.						
Regular Trans  Spec. Ed. Trans					COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a						
·					copy	y for your files.					
Room & Board							IMBURSEMENT RA				
Correspondence						,	, <b>,</b>	,			
Reg. Contingency						Reimb	ursement rate is detern	nined by			
Spec. Ed. Contin.							20-10-142, MCA.				
Agreement between	n narent (narer	nt name)			and	d school district (distr	ict name)				
	r parent (paren	it riamo)				,	ot name)		,		
(county name) The parties agree as follow		rananastation for		•		to as the District(s).	session. The parent or quard	ion occurse that a lie			
insured driver will t	ransport the studer	nts. Mileage con	tracts are valid o	only when transporta	tion for the dista	nce reported on the contract					
transported for the 3. The payment shall	past semester. be computed on the	e basis of the so	chedule establish	ned in Section 20-10	-142, MCA, and	the information accompany	ing this contract.		-(-)		
4. This contract shall Elementary School	terminate at the en	d of the school y	year or when the ard of Truste	student(s) is no long	ger enrolled in so	chool, whichever occurs firs	t.	Date			
Belgrade Élem High School District			ard of Truste					Date			
- ngn ochool bistilct	·	Oriali, Dua	and or riuste					Date			
			I attes	t that the above	information	is true and correct.					
Signature - Parent or	Guardian						Date				

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena, MT 59620-2501 Due to School Clerk June 1										
Elementary District Res	ponsible for Re	imbursing the	Contract			County		Legal Entity		
Belgrade Elem						Gallatin		0368		
High School or K-12 Dis	strict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share  ☐ yes ☐ no	d between el	ementary ar	nd high schoo	ol?						
Are you applying for			□ No		Stuc	lent Name	School	Grade		
(If yes, please attach ISOLATION: Section 2	explanation)	, provides for	increased rein	nbursement	Otac	ient rame	0011001	Orduc		
rates for special circum- increased rates, individe trustees of the district, t Public Instruction. (10.7	ual circumstand he county trans	es must be re portation com	viewed and ap mittee, and the	proved by the	Stuc	lent Name	School	Grade		
Check here only if incre District Trustees and the	ased payment	due to isolatio	n has been ap	proved by the	Student Name School					
Elem District Approval HS District Approval		Ini no	itials			lent Name	School	Grade		
		no			THIS CONTRACT IS FOR: Grades 1-12					
Parent or Guardian N	Name: (Pleas	e Print)			□ 1	st Semester Only	□ 2nd Semester Only	y □ Both Semesters		
Darlene Donova Physical Address (st		only):			Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters					
Distance from home Elementary 7  Distance from home Elementary 0  Contract is for on Students in Each Grade Lee  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS 0 to nearest but HS 0 ee-way only vel - Only include  Pre-K Total	s stop, if any	y (one way)  De covered by this  Total	9-12 Total	Kind by the Took Kind Took Took Took Took Took Took Took Too	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from Bus Stop or from Bus Stop or from School dergarten child ride or from Bus Stop or from School dergarten child ride or from Bus Stop or from School dergarten Bus Stop or from School or from S	times per day,times per day,	days per week da		
(county name) The parties agree as follow 1. The parent shall trainsured driver will trainsured driver will trainsured for the parents shall tangents. 3. The payment shall tangents that the parents shall tangents that the parents the parents that the parents that the parents that the parents the parents that the parents that the parents that the parents the paren	he parties agree as follows:  The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Date									
High School District		Chair, Boa	ard of Trustee	es				Date		
		<u> </u>	l attest	that the above	information	is true and correct.				
Signature - Parent or	Guardian		1 alicol	at the above	omation	io trao aria correct.	Date			
-										

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Are you applying for isolation status?	Helena, MT 59620	)-2501	Due to School Clerk June 1								
Student Name   School   Grade	Elementary District Responsible for Re	eimbursing the Contract		County		Legal Entity					
Student Name   School   Grade	Belgrade Elem			Gallatin		0368					
yes	High School or K-12 District Responsib	ole for Reimbursing the Cor	ntract	County		Legal Entity					
yes											
(If yes, please attach explanation)  SIGUATION: Section 20-10-142, MCA. provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rate, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public instruction (10.7-116 ARM provides guidalines for such.)  Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.  Initials  Elem District Approval    yes		ementary and high scho	ool?								
Student Name				Student Name	School	Grade					
Increased rates, Individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction, (107.116 ARM provides guidelines for such.)    Student Name	ISOLATION: Section 20-10-142, MCA	A, provides for increased re									
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.    Student Name	increased rates, individual circumstand trustees of the district, the county trans	ces must be reviewed and a sportation committee, and the	approved by the	Student Name	School	Grade					
Students in Each Grade Level - Only include the students to be covered by this contract.	·	,		Student Name School Grade							
Elem District Approval		sportation Committee.	approved by the								
Parent or Guardian Name: (Please Print)   Grades 1-12   Semester Only   2nd Semester Only   Both Semesters		□ no		Student Name School Grade							
Dawn Smith Physical Address (street address only):  Distance from home to nearest school (one way) Distance from home to nearest bus stop, if any (one way) Elementary 4 HS 0  Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0  Contract is for one-way only Students in Each Grade Level- Only include the students to be covered by this contract.  Pre-K K 1-8 9-12 Total Total Total Total Total Total Total  Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.											
Physical Address (street address only):  Distance from home to nearest school (one way) Elementary 4  HS 0  Distance from home to nearest bus stop, if any (one way) Elementary 0  HS 0  Contract is for one-way only  Students in Each Grade Level - Only include the students to be covered by this contract.  Pre-K	Parent or Guardian Name: (Please	e Print)			Only   2nd Semester O	only   Both Semesters					
Physical Address (street address only):    1st Semester Only	Dawn Smith			Pre-kindergarten	n/Kindergarten	·					
Distance from home to nearest school (one way) Elementary 4 HS 0  Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0  Contract is for one-way only  Students in Each Grade Level - Only include the students to be covered by this contract.  Pre-K Total Total Total Total  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.  Elementary 4 HS 0  Kindergarten child rides with other school-age students also covered by this contract.  To or from Bus Stop times per day, days per week Kindergarten child rides without other school-age students: To or from Bus Stop times per day, days per week Kindergarten child rides without other school-age students: To or from School times per day, days per week Kindergarten child rides without other school-age students: To or from School times per day, days per week Kindergarten child rides without other school-age students: To or from School times per day, days per week Kindergarten child rides without other school-age students: To or from School times per day, days per week Kindergarten child rides without other school-age students: To or from School times per day, days per week Kindergarten child rides without other school-age students: To or from School times per day, days per week Kindergarten child rides without other school-age students: To or from School times per day, days per week Kindergarten child rides without other school-age students: To or from School times per day, days per week Kindergarten child rides without other school-age students: To or from School times per day, days per week Mindergarten child rides without other school-age students: To or from School times per day, days per week Mindergarten child rides without other school-age students: To or from School times per day, days per week Mindergarten child rides without other school-age students: To or from School times per day, days per week Mindergarten child rides without other school-age students: To or from School times per day, days per we	Physical Address (street address	only):				only   Both Semesters					
Distance from home to nearest school (one way) Elementary 4 HS 0  Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0  Contract is for one-way only  Students in Each Grade Level - Only include the students to be covered by this contract.  Pre-K K Total Total Total Total  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg. Contingency Spec. Ed. Contin.  Distance from home to nearest bus stop, if any (one way)  HS 0  by this contract:  To or from Bus Stop times per day, days per week  Kindergarten child rides without other school-age students:  To or from Bus Stop times per day, days per week  Kindergarten child rides without other school-age students:  To or from Bus Stop times per day, days per week  Kindergarten child rides without other school-age students:  To or from Bus Stop times per day, days per week  Kindergarten child rides without other school-age students:  To or from School times per day, days per week  Kindergarten child rides without other school-age students:  To or from School times per day, days per week  Kindergarten child rides without other school-age students:  To or from School times per day, days per week  Kindergarten child rides without other school-age students:  To or from School times per day, days per week  Kindergarten child rides without other school-age students:  To or from School times per day, days per week  Kindergarten child rides without other school-age students:  To or from School times per day, days per week  Kindergarten child rides without other school-age students:  To or from School times per day, days per week  Kindergarten child rides without other school-age students:  To or from School times per day, days per week  Kindergarten child rides without other school-age students:  To or from School times per day, days per week  Kindergarten child rides without other school-age students:  To or from School times per day, days per week  Kindergarten child rides without other school-age students:  To or from School times per day, day				, ,							
Elementary 0 HS 0  Contract is for one-way only  Students in Each Grade Level - Only include the students to be covered by this contract.  Pre-K Total Total Total Total  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.  Contract is for one-way only  Kindergarten child rides without other school-age students:  To or from Bus Stop times per day, days per week  To or from Bus Stop times per day, days per week  To or from Bus Stop times per day, days per week  To or from Bus Stop times per day, days per week  To or from Bus Stop times per day, days per week  To or from Bus Stop times per day, days per week  To or from Bus Stop times per day, days per week  To or from Bus Stop times per day, days per week  To or from Bus Stop times per day, days per week  To or from Bus Stop times per day, days per week  To or from Bus Stop times per day, days per week  To or from Bus Stop times per day, days per week  Deadlines:  PARENTS: Due to School Clerk June 1.  CLERKS: Send original to County Supt by July 1, retain a copy for your files.  COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.  REIMBURSEMENT RATE  (For district, county and OPI use only)  Reimbursement rate is determined by 20-10-142, MCA.		chool (one way)		by this contract	t:	_					
Contract is for one-way only  Students in Each Grade Level - Only include the students to be covered by this contract.    Pre-K	Distance from home to nearest bu	us stop, if any (one way)	)	Kindergarten ch	hild rides <u>without</u> other sch	hool-age students:					
Students in Each Grade Level - Only include the students to be covered by this contract.    Pre-K   K   Total   Total   Total   Total   Total	•			To or from Bus S	ol times per day	, days per week , days per week					
Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.  Pre-K Total Total Total Total Total Total  Total Total Total Total  FARENTS: Due to School Clerk June 1.  CLERKS: Send original to County Supt by July 1, retain a copy for your files.  COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.  REIMBURSEMENT RATE (For district, county and OPI use only)  Reimbursement rate is determined by 20-10-142, MCA.		the students to be covered by t	his contract	Deadlines:							
Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.  Total CLERKS: Send original to County Supt by July 1, retain a copy for your files.  COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.  REIMBURSEMENT RATE (For district, county and OPI use only) Reimbursement rate is determined by 20-10-142, MCA.	· · · · · · · · · · · · · · · · · · ·	· .			to School Clerk June 1.						
Spec. Ed. Trans  Room & Board  Correspondence  Reg. Contingency Spec. Ed. Contin.  COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.  REIMBURSEMENT RATE (For district, county and OPI use only)  Reimbursement rate is determined by 20-10-142, MCA.	Total										
Spec. Ed. Trans  Room & Board  Correspondence  Reg. Contingency Spec. Ed. Contin.  Copy for your files.  REIMBURSEMENT RATE (For district, county and OPI use only)  Reimbursement rate is determined by 20-10-142, MCA.	Regular Trans			COUNTY SUPE	RINTENDENTS: Send origi	nal to OPI by July 10. retain a					
Correspondence  Reg. Contingency Spec. Ed. Contin.  (For district, county and OPI use only)  Reimbursement rate is determined by 20-10-142, MCA.	Spec. Ed. Trans										
Reg. Contingency Spec. Ed. Contin.  Reimbursement rate is determined by 20-10-142, MCA.	Room & Board										
Contingency Spec. Ed. Contin.  Reimbursement rate is determined by 20-10-142, MCA.	Correspondence			(F	or district, county and Ol	PI use only)					
Spec. Ed. Contin.	Reg.				Daimboura and material date						
	Contingency Spec Ed Contin										
Agreement between parent (parent name), and school district (district name),	Opec. Lu. Conun.										
Agreement between parent (parent name), and school district (district name),											
	Agreement between parent (parer	nt name)		, and school distr	ict (district name)	······································					
(county name) County, hereinafter referred to as the District(s).	(county name) The parties agree as follows:		County, hereinafte	er referred to as the Dis	strict(s).						
1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.	<ol> <li>The parent shall transport or provide t</li> </ol>					ardian assures that a licensed and					
2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.	<ol><li>In March and June, the District shall p transported for the past semester.</li></ol>	pay the parent the sum officially	approved in the application	on upon certification by the te	acher or principal of the school of the	number of days the student(s) was					
The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.	<ol> <li>This contract shall terminate at the en</li> </ol>	nd of the school year or when th	e student(s) is no longer	2, MCA, and the information a enrolled in school, whichever	occurs first.	15.4					
	Elementary School District Belgrade Elem	Chair, Board of Trust	ees			Date					
	High School District	Chair, Board of Trusto	ees			Date					
I attest that the above information is true and correct.		I atte	st that the above in	formation is true and o	correct.						
Signature - Parent or Guardian Date	Signature - Parent or Guardian				Date						

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena, MT 59620-2501 Due to School Clerk June 1											
Elementary District Responsible for Re	imbursing the Contract		County		Legal Entity						
   Belgrade Elem			Gallatin		0368						
High School or K-12 District Responsib	ole for Reimbursing the Conf	tract	County		Legal Entity						
Is this contract shared between el □ yes □ no	ementary and high scho	ol?			<u>'</u>						
Are you applying for isolation statu			Student Name	School	Grade						
(If yes, please attach explanation)  ISOLATION: Section 20-10-142, MCA	A, provides for increased rein	mbursement	Clausiii i laiii	30.100.	3.443						
rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov	tion of residence. In order to ses must be reviewed and appropriation committee, and the	o receive oproved by the	Student Name	School	Grade						
Check here only if increased payment District Trustees and the County Trans	due to isolation has been ap	proved by the	Student Name School								
HS District Approval ☐ yes	Initials no		Student Name School Grade  THIS CONTRACT IS FOR:								
	no		THIS CONTRACT IS FOR: Grades 1-12								
Parent or Guardian Name: (Pleas	e Print)		☐ 1st Semester Only	□ 2nd Semester Only	☐ Both Semesters						
Debra Fackrell Physical Address (street address	only):		Pre-kindergarten/Kindergarten  ☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters								
Distance from home to nearest so Elementary 4 HS 0  Distance from home to nearest but Elementary 0 HS 0  Contract is for one-way only Students in Each Grade Level - Only include  Pre-K Total  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	s stop, if any (one way)	is contract.  9-12 Total	by this contract: To or from Bus Stop To or from School Kindergarten child ride To or from Bus Stop To or from School  Deadlines: PARENTS: Due to School  CLERKS: Send original files.  COUNTY SUPERINTEN copy for your files.  RE (For distr	times per day, times per day, times per day, s without other school times per day, times per day, times per day, times per day, tool Clerk June 1.	days per week days per week  1, retain a copy for your  to OPI by July 10, retain a  TE use only)						
(county name) The parties agree as follows: 1. The parent shall transport or provide t insured driver will transport the studer 2. In March and June, the District shall p transported for the past semester. 3. The payment shall be computed on the past semester.	he parties agree as follows:  The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Date										
High School District	Chair, Board of Truste	es			Date						
	I attes	t that the above information	ation is true and correct.								
Signature - Parent or Guardian				Date							

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	Box 202501										
Elementary District Re	sponsible for Re	eimbursing the	Contract		С	County		Legal Entity			
Belgrade Elem						Sallatin		0368			
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Con	tract		County		Legal Entity			
Is this contract share □ yes □ no	ed between el	ementary an	d high scho	ol?							
Are you applying for			□ No		Studen	nt Name	School	Grade			
(If yes, please attack ISOLATION: Section 2			increased reir	mbursement	Otador	it riamo	Concor	Ciudo			
rates for special circum increased rates, individual trustees of the district,	dual circumstand	ces must be re-	viewed and ap	oproved by the	Studen	nt Name	School	Grade			
Public Instruction. (10.	7.116 ARM prov	vides guideline	s for such.)		Studen	nt Name	School	Grade			
Check here only if incre District Trustees and the		sportation Com		pproved by the		it rtains					
Elem District Approval HS District Approval		□ no			Studen	nt Name	School	Grade			
County Approval	County Approval						THIS CONTRACT IS FOR: Grades 1-12				
Parent or Guardian	Name: (Pleas	e Print)				s 1-12 Semester Only	□ 2nd Semester Only	/ □ Both Semesters			
Embe Bowles					Pre-kin	ndergarten/Kinder	garten				
Physical Address (s	treet address	only):						/ □ Both Semesters			
							(INDERGARTEN:				
Distance from home Elementary 4	to nearest so	chool (one wa	ay)		by this	contract:		ge students also covered  days per week			
Distance from home Elementary <b>0</b>	e to nearest bu	ıs stop, if any	(one way)		To or fi <b>Kinde</b> r	rom School rgarten child ride	times per day, _ es without other scho	days per week ol-age students:			
□ Contract is for o	ne-way only				To or fi	rom School	times per day, _	days per week			
Students in Each Grade Le	, ,	the students to b	e covered by th	is contract.		lines:					
	Pre-K	К	1-8	9-12	PAREI	NTS: Due to Sch	ool Clerk June 1.				
	Total	Total	Total	Total	CLERI files.	<b>KS:</b> Send original	to County Supt by July	/ 1, retain a copy for your			
Regular Trans					COUN	TY SUPERINTEN	IDENTS: Send origina	I to OPI by July 10, retain a			
Spec. Ed. Trans						or your files.	g				
Room & Board							IMBURSEMENT RA				
Correspondence						(For dist	rict, county and OPI	use only)			
Reg.						 Reimhi	ursement rate is determ	nined by			
Contingency Spec. Ed. Contin.						T Con in St	20-10-142, MCA.	inica by			
Agreement between	ı parent (pareı	nt name)			, and so	chool district (disti	rict name)	,,			
(county name) The parties agree as follow	vs:			County, hereinaf	ter referred to	as the District(s).					
The parent shall tra insured driver will to	ansport or provide transport the stude	nts. Mileage con	tracts are valid	only when transportation	on for the distance	reported on the contract	ct actually occurs.	an assures that a licensed and			
transported for the	past semester.							nber of days the student(s) was			
<ol> <li>This contract shall</li> </ol>	terminate at the er	nd of the school y	ear or when the	student(s) is no longe		information accompany ol, whichever occurs firs		T -			
Elementary School   Belgrade Elem	District	Chair, Boa	ard of Truste	es				Date			
High School District		Chair, Boa	ard of Truste	es				Date			
		1	I attes	t that the above i	information is	true and correct.					
Signature - Parent or	Guardian						Date				

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501	Due to School Clerk June 1								
Elementary District Re	sponsible for Re	imbursing the	Contract			County	,	Legal Entity			
Belgrade Elem						Gallatin		0368			
High School or K-12 D	istrict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity			
Is this contract share □ yes □ no	ed between el	ementary an	d high school	ol?							
Are you applying for			□ No		Stud	dent Name	School		Grade		
(If yes, please attaction: Section	20-10-142, MCA	, provides for			1						
rates for special circum increased rates, individ trustees of the district,	dual circumstand the county trans	es must be re portation com	viewed and apmittee, and the	proved by the	Stud	dent Name	School		Grade		
Public Instruction. (10.	·	, and the second	,		Student Name School Grade						
Check here only if incre District Trustees and the		portation Com	mittee.	proved by the							
Elem District Approval		no	tials		Student Name School Grade						
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS FOR:						
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Onl	y 🗆 Both Sei	mesters		
Garth & Kelly M					Pre-	kindergarten/Kinder	parten				
Physical Address (s	treet address	only):					☐ 2nd Semester Onl	y 🗆 Both Sei	mesters		
					KINDERGARTEN/PREKINDERGARTEN:						
Distance from home Elementary 8	e to nearest so HS <b>0</b>	hool (one wa	ay)		bv t	his contract:	es with other school-a	_			
Distance from home		e eton if an	v (opo wav)		To c	or from School	times per day,times per day,	days	per week		
Elementary <b>0</b>	HS <b>0</b>	s stop, ii ang	y (One way)		To c	or from Bus Stop	es <u>without</u> other scho times per day, _ times per day, _	days	per week		
□ Contract is for o	ne-way only						times per day, _	days	per week		
Students in Each Grade Le	evel - Only include	the students to b	be covered by thi	is contract.		adlines: RENTS: Due to Scho	ool Clerk June 1.				
	Pre-K Total	K Total	1-8 Total	9-12 Total	<b>CLERKS:</b> Send original to County Supt by July 1, retain a copy for your files.						
Regular Trans							IDENITO 0 1 1 1	05	10		
Spec. Ed. Trans						or your files.	IDENTS: Send origina	al to OPI by July	10, retain a		
Room & Board					REIMBURSEMENT RATE						
Correspondence						(For dist	rict, county and OPI	use only)			
Reg.								<u> </u>			
Contingency						Reimbi	ursement rate is detern 20-10-142, MCA.	nined by			
Spec. Ed. Contin.											
Agreement betweer	n parent (parer	nt name)			, and	d school district (distr	rict name)		,		
(county name) The parties agree as follow				County, hereina	ifter referred	to as the District(s).					
<ol> <li>The parent shall tra</li> </ol>	ansport or provide t					the days when school is in	session. The parent or guard	lian assures that a lic	ensed and		
In March and June transported for the	, the District shall p past semester.	ay the parent the	e sum officially a	pproved in the applic	cation upon certi	fication by the teacher or pr	rincipal of the school of the nu	mber of days the stud	dent(s) was		
The payment shall     This contract shall	be computed on the terminate at the en	d of the school y	ear or when the	student(s) is no long	-142, MCA, and ger enrolled in so	the information accompany chool, whichever occurs firs	ing this contract. t.				
Elementary School Belgrade Elem	District	Chair, Boa	ard of Truste	es				Date			
High School District	:	Chair, Boa	ard of Truste	es				Date			
		1	I attes	t that the above	information	is true and correct.		l			
Signature - Parent or	Guardian						Date				

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	Helena, MT 59620-2501  Due to School Clerk June 1									
Elementary District Res	sponsible for Re	imbursing the	Contract		Cor	unty		Legal Entity		
Belgrade Elem					Ga	allatin		0368		
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Con	tract	Cor	unty		Legal Entity		
Is this contract share  ☐ yes ☐ no	ed between el	ementary ar	nd high scho	ol?						
Are you applying for (If yes, please attach			□ No		Student	Name	School		Grade	
ISOLATION: Section 2	20-10-142, MCA	, provides for								
rates for special circum increased rates, individ	ual circumstand	es must be re	viewed and a	oproved by the	Student	Name	School		Grade	
trustees of the district, Public Instruction. (10.7)				e Office of	Otridant	Name -	Cahaal		Orada	
Check here only if incre District Trustees and th				proved by the	Student	name	School		Grade	
Elem District Approval	•		itials		Student	Name	School		Grade	
HS District Approval County Approval	□ yes □	no no			THIS CO	NTRACT IS FO	OR:			
Parent or Guardian					Grades '	1-12		v □ Both Se	emesters	
Gina Welch					□ 1st Semester Only □ 2nd Semester Only □ Both Semesters					
Physical Address (st	treet address	only):			Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters					
							KINDERGARTEN:			
Distance from home	to nearest so	hool (one wa	ay)			arten child ride contract:	es with other school-a	age students a	Iso covered	
Elementary 7	HS <b>0</b>				To or fro	m Bus Stop	times per day, _	day	s per week	
Distance from home Elementary <b>0</b>	to nearest bu	is stop, if an	y (one way)		Kinderg To or fro	arten child ride	times per day, _ es <u>without</u> other scho times per day, _ times per day, _	ol-age studen	ts: s per week	
□ Contract is for or	ne-way only				To or fro	m School	times per day, _	day	s per week	
Students in Each Grade Le	evel - Only include	the students to I	be covered by th	is contract.	Deadli		ool Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS		I to County Supt by July	y 1, retain a co	py for your	
Regular Trans					files.					
Spec. Ed. Trans						Y SUPERINTEN your files.	NDENTS: Send origina	il to OPI by July	/ 10, retain a	
Room & Board							EIMBURSEMENT RA			
Correspondence						(For dist	rict, county and OPI	use only)		
Reg.						<del>_</del>		<del></del>		
Contingency						Reimb	ursement rate is detern 20-10-142, MCA.	nined by		
Spec. Ed. Contin.										
Agreement between	parent (parei	nt name)			, and sch	ool district (dist	rict name)		,	
(county name) The parties agree as follow	/s:			County, hereinat	fter referred to a	s the District(s).				
insured driver will tr	ansport the studer	nts. Mileage cor	ntracts are valid of	only when transportati	ion for the distance re	ported on the contra	n session. The parent or guard ct actually occurs.			
transported for the	past semester.			ipproved in the application and in Section 20-10-			rincipal of the school of the nur	inper of days the stu	uent(s) was	
	terminate at the er	d of the school		student(s) is no longe				Date		
Belgrade Elem High School District		,	ard of Truste					Date		
Tilgii School District		Chail, BO	aid Oi TTUSTE					Date		
			I attes	t that the above	information is tr	ue and correct.				
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	Helena, MT 59620-2501 Due to School Clerk June 1									
Elementary District Res	sponsible for Re	imbursing the	Contract		Cou	unty		Legal Entity		
Belgrade Elem					Ga	allatin		0368		
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Con	tract	Cou	unty		Legal Entity		
Is this contract share  ☐ yes ☐ no	ed between el	ementary ar	nd high scho	ol?						
Are you applying for (If yes, please attach			□ No		Student	Name	School		Grade	
ISOLATION: Section 2	20-10-142, MCA	, provides for								
rates for special circum increased rates, individ	ual circumstand	es must be re	viewed and a	oproved by the	Student	Name	School		Grade	
trustees of the district, Public Instruction. (10.7)				е Опісе от	0					
Check here only if incre District Trustees and th				proved by the	Student	Name	School		Grade	
Elem District Approval	,		itials		Student	Name	School		Grade	
HS District Approval County Approval	□ yes □	no			THIS CO	NTRACT IS FO	OR:			
Parent or Guardian					Grades 1		 □ 2nd Semester Onl	v □ Both Se	mesters	
Hollis Lawver						•		y Bourec	medicio	
Physical Address (st	treet address	only):			Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters					
							KINDERGARTEN:			
Distance from home	to nearest so	hool (one wa	ay)			arten child ride contract:	es with other school-a	age students a	Iso covered	
Elementary 8	HS <b>0</b>				To or fro	m Bus Stop	times per day, _	day	s per week	
Distance from home Elementary <b>0</b>	to nearest bu	is stop, if an	y (one way)		Kinderg To or fro	arten child ride	times per day, _ es <u>without</u> other scho times per day, _ times per day, _	ol-age studen	ts: s per week	
□ Contract is for or	ne-way only				To or fro	m School	times per day, _	day	s per week	
Students in Each Grade Le	evel - Only include	the students to I	be covered by th	is contract.	Deadli PARENT		ool Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS		I to County Supt by Jul	y 1, retain a co	py for your	
Regular Trans					files.					
Spec. Ed. Trans						<b>/ SUPERINTEN</b> your files.	IDENTS: Send origina	il to OPI by Jul	/ 10, retain a	
Room & Board							EIMBURSEMENT RA			
Correspondence						(For dist	rict, county and OPI	use only)		
Reg.								<del></del>		
Contingency						Reimb	ursement rate is detern 20-10-142, MCA.	nined by		
Spec. Ed. Contin.										
Agreement between	parent (parer	nt name)			, and sch	ool district (dist	rict name)		,	
(county name) The parties agree as follow	/S:			County, hereinat	fter referred to a	s the District(s).				
The parent shall tra insured driver will tr	nsport or provide tansport the studer	nts. Mileage cor	ntracts are valid of	only when transportati	ion for the distance re	ported on the contra	n session. The parent or guard ct actually occurs.			
transported for the	past semester.				ation upon certification  142, MCA, and the inf		rincipal of the school of the nur	mber of days the stu	dent(s) was	
	terminate at the er	d of the school		student(s) is no longe	er enrolled in school,			Date		
Belgrade Elem	J.00100	,								
High School District		Chair, Boa	ard of Truste	es				Date		
			I attes	t that the above	information is tr	ue and correct.				
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501	Due to School Clerk June 1								
Elementary District Re	sponsible for Re	imbursing the	Contract			County	,	Legal Entity			
Belgrade Elem						Gallatin		0368			
High School or K-12 D	istrict Responsib	ole for Reimbu	rsing the Cont	ract		County		Legal Entity			
Is this contract share □ yes □ no	ed between el	ementary ar	d high school	ol?							
Are you applying for			□ No		Stud	dent Name	School		Grade		
(If yes, please attack ISOLATION: Section :	20-10-142, MCA	A, provides for									
rates for special circum increased rates, individ trustees of the district,	lual circumstand the county trans	ces must be re sportation com	viewed and apmittee, and the	proved by the	Stud	Student Name School Grade					
Public Instruction. (10.	·	J	,		Student Name School Grade						
Check here only if incre District Trustees and the		portation Con	mittee.	proved by the							
Elem District Approval		□ no	tials		Student Name School Grade						
HS District Approval County Approval		□ no □ no				THIS CONTRACT IS FOR:					
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	☐ 2nd Semester Onl	y □ Both Se	mesters		
Jason H. Becke	r				Pre	kindergarten/Kinder	narten	•			
Physical Address (s	treet address	only):					☐ 2nd Semester Onl	y □ Both Se	mesters		
					KINDERGARTEN/PREKINDERGARTEN:						
Distance from home Elementary 10	to nearest so	hool (one wa	ay)		bv t	his contract:	times per day,	_			
Distance from home Elementary <b>0</b>	to nearest bu	ıs stop, if an	y (one way)		Kind	dergarten child ride	times per day, _ times per day, _ s <u>without</u> other scho times per day, _	ol-age student	s:		
□ Contract is for o	ne-way only				To o	or from School	times per day, _	days	s per week		
Students in Each Grade Le	evel - Only include	the students to b	be covered by the	is contract.		adlines:					
	Pre-K	K	1-8	9-12	PAR	RENTS: Due to Scho	ool Clerk June 1.				
	Total	Total	Total	Total	<b>CLERKS:</b> Send original to County Supt by July 1, retain a copy for your files.						
Regular Trans					COL	INTV SUDEDINTEN	IDENTS: Send origina	al to OPI by July	(10 rotain a		
Spec. Ed. Trans						for your files.	DENTS. Send ongina	ar to OFT by July	10, letaili a		
Room & Board					REIMBURSEMENT RATE						
Correspondence						(For dist	rict, county and OPI	use only)			
Reg.											
Contingency						Reimbi	ursement rate is deterr 20-10-142, MCA.	nined by			
Spec. Ed. Contin.											
Agreement between	parent (parer	nt name)			, and	d school district (distr	rict name)		,		
(county name)				County, hereina	after referred	to as the District(s).					
	ansport or provide t					the days when school is in	session. The parent or guard	lian assures that a lic	censed and		
	, the District shall p						rincipal of the school of the nu	mber of days the stu	dent(s) was		
<ol><li>The payment shall</li></ol>	be computed on th	ne basis of the so	chedule establish vear or when the	ned in Section 20-10 student(s) is no long	-142, MCA, and ger enrolled in so	the information accompany shool, whichever occurs firs	ing this contract. t.				
Elementary School Belgrade Elem			ard of Truste					Date			
High School District		Chair, Boa	ard of Truste	es				Date			
			Lattes	t that the above	information	is true and correct.					
Signature - Parent or	Guardian		i alles	t triat trie above	inionnation	is true and correct.	Date				
<u> </u>											

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena, MT 59620-2501 Due to School Clerk June 1											
Elementary District Respo	onsible for Rei	imbursing the	Contract			County	I	Legal Entity			
Belgrade Elem						Gallatin		0368			
High School or K-12 Distr	rict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity			
Is this contract shared  ☐ yes ☐ no	between ele	ementary an	nd high schoo	ol?							
Are you applying for is		ıs? □ Yes	□ No		Stuc	dent Name	School	Grade			
(If yes, please attach e ISOLATION: Section 20-	explanation) -10-142, MCA	, provides for	increased rein	nbursement	Otac	ioni i vaino	Concor	Grado			
rates for special circumsta increased rates, individua trustees of the district, the Public Instruction. (10.7.1	al circumstance county trans	es must be re portation com	viewed and ap mittee, and the	proved by the	Stud	dent Name	School	Grade			
Check here only if increase District Trustees and the	sed payment o	due to isolatio	n has been ap	proved by the	Student Name School						
Elem District Approval HS District Approval		Ini no no	itials		Student Name School Grade  THIS CONTRACT IS FOR:						
		no			THIS CONTRACT IS FOR: Grades 1-12						
Parent or Guardian Na	ame: (Please	e Print)			□ 1	st Semester Only	□ 2nd Semester Only	/ □ Both Semesters			
Jennifer Klompien Physical Address (stre		only):			Pre-kindergarten/Kindergarten  ☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters						
Distance from home to Elementary 4.5  Distance from home to Elementary 0  Contract is for one Students in Each Grade Leve  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS <b>0</b> o nearest bus HS <b>0</b> -way only	s stop, if any	y (one way)	s contract.  9-12 Total	Kine by t To c To c Kine To c To c  Dea PAR CLE files	his contract: or from Bus Stop or from School dergarten child ride or from School adlines: RENTS: Due to Scho ERKS: Send original or for your files.  RENTS:	times per day, times per day, times per day, ses without other schoot times per day, tool Clerk June 1.	days per week days per week days per week  7 1, retain a copy for your  I to OPI by July 10, retain a  ATE use only)			
(county name) The parties agree as follows: 1. The parent shall trans; insured driver will tran 2. In March and June, the transported for the pat 3. The payment shall be 4. This contract shall terr Elementary School Dis	he parties agree as follows:  The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Clementary School District  Chair, Board of Trustees  Date										
High School District		Chair, Boa	ard of Trustee	es				Date			
			l attest	that the above i	information	is true and correct.					
Signature - Parent or Gu	uardian						Date				

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT  59620	-2501		Di	ue to School C	lerk June 1			
Elementary District Res	sponsible for Re	eimbursing the	Contract		Co	unty		Legal Entity	
Belgrade Elem					Ga	allatin		0368	
High School or K-12 Di	strict Responsit	ole for Reimbu	ursing the Con	tract	Col	unty		Legal Entity	
Is this contract share  ☐ yes ☐ no	ed between el	ementary ar	nd high scho	ol?					
Are you applying for (If yes, please attach			□ No		Student	Name	School		Grade
ISOLATION: Section 2	20-10-142, MCA	A, provides for							
rates for special circum increased rates, individ	lual circumstand	ces must be re	eviewed and ap	oproved by the	Student	Name	School		Grade
trustees of the district, Public Instruction. (10.7)				e Office of	Chudant	Name a	Cahaal		Orada
Check here only if incre District Trustees and th				proved by the	Student	name	School		Grade
Elem District Approval	·		itials		Student	Name	School		Grade
HS District Approval County Approval	□ yes □	□ no			THIS CO	NTRACT IS FO	OR:		
Parent or Guardian					Grades <sup>1</sup>		 □ 2nd Semester Only	v □ Both Se	emesters
Jim Allred						•	•	y Bourec	medicio
Physical Address (st	treet address	only):				ergarten/Kinder emester Only	□ 2nd Semester Only	y 🛛 Both Se	mesters
							KINDERGARTEN:		
Distance from home	to nearest so	hool (one w	ay)			arten child ride contract:	es with other school-a	age students a	Iso covered
Elementary 8	HS <b>0</b>				To or fro	m Bus Stop	times per day, _	day	s per week
Distance from home Elementary <b>0</b>	to nearest bu HS <b>0</b>	ıs stop, if an	y (one way)		Kinderg To or fro	arten child ride	times per day, _ es <u>without</u> other scho times per day, _ times per day, _	ol-age studen	ts: s per week
□ Contract is for or	ne-way only				To or fro	m School	times per day, _	day	s per week
Students in Each Grade Le	evel - Only include	the students to	be covered by th	is contract.	Deadli		ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS		I to County Supt by July	y 1, retain a co	py for your
Regular Trans					files.				
Spec. Ed. Trans						Y SUPERINTEN your files.	NDENTS: Send origina	il to OPI by July	/ 10, retain a
Room & Board							EIMBURSEMENT RA		
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.						<del>_</del>		<del></del>	
Contingency						Reimb	ursement rate is detern 20-10-142, MCA.	nined by	
Spec. Ed. Contin.									
		_							
Agreement between	parent (parei	nt name)			, and sch	ool district (dist	rict name)		······································
(county name) The parties agree as follow	/s:			County, hereinat	fter referred to a	s the District(s).			
insured driver will tr	ransport the studer	nts. Mileage cor	ntracts are valid of	only when transportati	ion for the distance re	ported on the contra	n session. The parent or guard ct actually occurs.		
transported for the	past semester.			ipproved in the application and in Section 20-10-			rincipal of the school of the nur	inper of days the stu	uent(s) was
	terminate at the er	nd of the school		student(s) is no longe				Date	
Belgrade Elem High School District		,	ard of Truste					Date	
Tilgii School District		Citali, Boa	aru or rruste					Date	
			I attes	t that the above	information is tr	ue and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501		D	ue to Scho	ol Clerk June 1				
Elementary District Re	sponsible for Re	imbursing the	Contract			County	1	Legal Entity		
Belgrade Elem						Gallatin		0368		
High School or K-12 D	istrict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share □ yes □ no	ed between el	ementary ar	d high school	ol?						
Are you applying for			□ No		Stud	dent Name	School		Grade	
(If yes, please attaction: Section	20-10-142, MCA	, provides for			1					
rates for special circum increased rates, individ trustees of the district,	dual circumstand the county trans	es must be re sportation com	viewed and apmittee, and the	proved by the	Stud	dent Name	School		Grade	
Public Instruction. (10.	·	J	,		Stud	lent Name	School		Grade	
Check here only if incre District Trustees and the		portation Con	mittee.	proved by the						
Elem District Approval		no	tials		Stud	Student Name School Grade				
HS District Approval County Approval		□ no □ no				S CONTRACT IS FO	DR:			
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12  ☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters					
Joe & Karen Bo					Pre-	kindergarten/Kinder	narten			
Physical Address (s	treet address	only):					2nd Semester Only	y 🗆 Both Sei	mesters	
						DERGARTEN/PRE				
Distance from home Elementary 7	e to nearest so HS <b>0</b>	hool (one wa	ay)		bv t	his contract:	es <u>with</u> other school-a times per day.	_		
Distance from home Elementary 0	e to nearest bu	ıs stop, if an	y (one way)		Kind	dergarten child ride	times per day, _ times per day, _ s <u>without</u> other scho times per day, _	ol-age student	s:	
□ Contract is for o	ne-way only				To c	or from School	times per day, _	days	per week	
Students in Each Grade Le	• •	the students to b	be covered by thi	is contract.	Dea	adlines:				
	Pre-K	K	1-8	9-12	PAR	RENTS: Due to Scho	ool Clerk June 1.			
Dogular Trans	Total	Total	Total	Total	CLE files		to County Supt by Jul	y 1, retain a cop	y for your	
Regular Trans Spec. Ed. Trans						JNTY SUPERINTEN of for your files.	IDENTS: Send origina	al to OPI by July	10, retain a	
Room & Board						RE	IMBURSEMENT RA	ATE		
Correspondence							rict, county and OPI			
Reg.										
Contingency						Reimbi	ursement rate is determ 20-10-142, MCA.	nined by		
Spec. Ed. Contin.							20 10 142, WOA.			
Agreement betweer	n parent (parer	nt name)			, and	d school district (distr	rict name)		,,	
(county name)			(	County, hereina	ifter referred	to as the District(s).				
	ansport or provide t						session. The parent or guard	lian assures that a lic	ensed and	
	, the District shall p					nce reported on the contraction by the teacher or pro-	ct actually occurs. Fincipal of the school of the nu	mber of days the stud	dent(s) was	
<ol><li>The payment shall</li></ol>	be computed on th	e basis of the so	chedule establish	ned in Section 20-10- student(s) is no long	-142, MCA, and ger enrolled in so	the information accompany	ing this contract. t.			
Elementary School			ard of Truste		,	,		Date		
Belgrade Elem High School District		Chair, Boa	ard of Truste	es				Date		
		<u> </u>	Lattes	t that the chave	information	is true and correct				
Signature - Parent or	Guardian		i alles	t triat trie above	ппоппацоп	is true and correct.	Date			
<u> </u>										

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	Helena, MT 59620-2501 Due to School Clerk June 1									
Elementary District Res	sponsible for Re	imbursing the	Contract			County Legal Entity				
Belgrade Elem						Gallatin		0368		
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share  ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?	<u> </u>					
Are you applying for			□ No		Stud	ent Name	School	Grade		
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142, MCA	A, provides for	increased rein	nbursement	01.00	5.11.1.10	001.001	3.443		
rates for special circum increased rates, individ trustees of the district, t Public Instruction. (10.7	ual circumstand the county trans	es must be re sportation com	eviewed and ap nmittee, and the	proved by the	Stud	ent Name	School	Grade		
Check here only if incre District Trustees and th	ased payment	due to isolatio	n has been ap	proved by the	Stud	ent Name	School	Grade		
Elem District Approval HS District Approval	In no	itials			ent Name	School	Grade			
		no				S CONTRACT IS FO les 1-12	<u>DR:</u>			
Parent or Guardian I	vame: (Pleas	e Print)			□ 1	st Semester Only	□ 2nd Semester Onl	y   Both Semesters		
Karalee Holm Physical Address (st	reet address	only):				kindergarten/Kinder st Semester Only		y    Both Semesters		
Distance from home to nearest school (one way) Elementary 5 HS 0  Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0  Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract.  Pre-K K 1-8 9-12 Total Total Total Total  Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.										
(county name) The parties agree as follow 1. The parent shall tra insured driver will tr 2. In March and June, transported for the p 3. The payment shall t 4. This contract shall t	The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Date									
High School District		Chair, Boa	ard of Trustee	es				Date		
			l attest	that the above i	information	is true and correct.				
Signature - Parent or	Guardian		i alicol	at the above	omation	io and direct.	Date			
-										

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	Helena, MT 59620-2501 Due to School Clerk June 1								
Elementary District Res	sponsible for Re	imbursing the	Contract		Cor	unty	-	Legal Entity	
Belgrade Elem					Ga	allatin		0368	
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Con	tract	Coi	unty		Legal Entity	
Is this contract share  ☐ yes ☐ no	ed between el	ementary ar	nd high scho	ol?					
Are you applying for (If yes, please attach			□ No		Student	Name	School		Grade
ISOLATION: Section 2	20-10-142, MCA	A, provides for							
rates for special circum increased rates, individ	ual circumstand	es must be re	viewed and ap	oproved by the	Student	Name	School		Grade
trustees of the district, t Public Instruction. (10.7				e Office of	04	M	0-11		Orada
Check here only if incre District Trustees and th				proved by the	Student	name	School		Grade
Elem District Approval	□ yes	In □ no	itials		Student	Name	School		Grade
HS District Approval County Approval		□ no □ no			THIS CO	NTRACT IS FO	DR:		
Parent or Guardian I	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
Kendra White						ergarten/Kinder	•	,	
Physical Address (st	reet address	only):					☐ 2nd Semester Only	y 🗆 Both Se	mesters
							KINDERGARTEN:		
Distance from home	to nearest so	hool (one wa	ay)			arten child ride contract:	es <u>with</u> other school-a	ige students a	Iso covered
Elementary 5	HS <b>0</b>				To or fro	m Bus Stop	times per day, _	day	s per week
Distance from home Elementary <b>0</b>	to nearest bu	ıs stop, if an	y (one way)		<b>Kinderg</b> To or fro	arten child ride m Bus Stop	times per day, _ es <u>without</u> other scho	ol-age studen day	ts: s per week
□ Contract is for or	ne-way only				To or fro	m School	times per day, _	day	s per week
Students in Each Grade Le	vel - Only include	the students to I	be covered by th	is contract.	Deadli		ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS		I to County Supt by July	y 1, retain a co	py for your
Regular Trans					files.				
Spec. Ed. Trans						Y SUPERINTEN your files.	IDENTS: Send origina	l to OPI by Jul	y 10, retain a
Room & Board						RE	EIMBURSEMENT RA	ATE	
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.									
Contingency						Reimb	ursement rate is detern 20-10-142, MCA.	nined by	
Spec. Ed. Contin.							•		
Agreement between	parent (parer	nt name)			, and sch	ool district (dist	rict name)		······································
(county name) The parties agree as follow	· · · · · · · · · · · · · · · · · · ·			County, hereinat	fter referred to a	s the District(s).			
<ol> <li>The parent shall train</li> </ol>	nsport or provide t				I or bus stop on the dation for the distance re		session. The parent or guard	ian assures that a li	censed and
In March and June, transported for the part of th	the District shall p past semester.	ay the parent th	e sum officially a	pproved in the application	ation upon certificatio	n by the teacher or p	rincipal of the school of the nur	mber of days the stu	ident(s) was
<ol> <li>This contract shall t</li> </ol>	erminate at the er	d of the school	ear or when the	student(s) is no longe	142, MCA, and the interpretation of the inte			Dete	
Elementary School I Belgrade Elem	STRICT	Cnair, Boa	ard of Truste	es				Date	
High School District		Chair, Boa	ard of Truste	es				Date	
			I attes	t that the above	information is tr	ue and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	a, MT 59620	-2501		Du	ue to Scho	ol Clerk June 1				
Elementary District Res	ponsible for Re	imbursing the	Contract			County	•	Legal Entity		
Belgrade Elem						Gallatin		0368		
High School or K-12 Dis	trict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share  ☐ yes ☐ no	d between el	ementary an	d high school	ol?						
Are you applying for			□ No		Stud	lent Name	School		Grade	
(If yes, please attach ISOLATION: Section 2	0-10-142, MCA	, provides for			1					
rates for special circums increased rates, individu trustees of the district, the	ual circumstanc ne county trans	es must be re portation com	viewed and ap mittee, and the	proved by the	Stud	lent Name	School		Grade	
Public Instruction. (10.7)		, and the second	ŕ		Stuc	lent Name	School		Grade	
Check here only if increa District Trustees and the		portation Com	mittee.	proved by the						
Elem District Approval		no	tials		Student Name School Grade					
		no no				CONTRACT IS FO	PR:			
Parent or Guardian N	lame: (Pleas	e Print)			Grades 1-12  □ 1st Semester Only □ 2nd Semester Only □ Both Semesters					
Linda L. Martinez					Pre-	kindergarten/Kinderg	narten			
Physical Address (str	reet address	only):					☐ 2nd Semester Onl	y 🛛 Both Se	mesters	
						DERGARTEN/PREM				
Distance from home Elementary 5	to nearest sc HS <b>0</b>	hool (one wa	ay)		bv t	his contract:	times per day	_		
Distance from home Elementary <b>0</b>	to nearest bu HS <b>0</b>	s stop, if an	y (one way)		Kind	dergarten child ride	times per day, _ times per day, _ s <u>without</u> other scho	ol-age student	ts:	
□ Contract is for one					To o	r from School	times per day, _ times per day, _	days	s per week	
Students in Each Grade Lev		the students to b	be covered by thi	s contract.	Dea	adlines:				
ſ	Pre-K	К	1-8	9-12		RENTS: Due to Scho	ool Clerk June 1.			
	Total	Total	Total	Total	CLE files		to County Supt by Jul	y 1, retain a cop	by for your	
Regular Trans					COL	JNTY SUPERINTEN	DENTS: Send origina	al to OPI by July	/ 10, retain a	
Spec. Ed. Trans						for your files.				
Room & Board					REIMBURSEMENT RATE					
Correspondence						(For disti	rict, county and OPI	use only)		
Reg.						Paimhi Paimhi	ursement rate is detern	mined by		
Contingency Spec. Ed. Contin.						Kembe	20-10-142, MCA.	Tillica by		
5,000. Ed. 0011111.										
Agreement between	parent (parer	nt name)			, and	I school district (distr	ict name)		,,	
(county name) The parties agree as follows	<u></u>			County, hereina	fter referred	to as the District(s).				
The parent shall transinsured driver will transition	sport or provide t ansport the studer	nts. Mileage con	tracts are valid o	only when transportat	tion for the distar	nce reported on the contract				
transported for the p	ast semester.	•	•		•		incipal of the school of the nu	mber of days the stu	dent(s) was	
<ol> <li>This contract shall te</li> </ol>	erminate at the en	d of the school y	ear or when the	student(s) is no long	er enrolled in so	the information accompany hool, whichever occurs firs	ing this contract. t.	Data		
Elementary School D Belgrade Elem	DISTRICT	·	ard of Truste					Date		
High School District		Chair, Boa	ard of Truste	es				Date		
			I attes	t that the above	information	is true and correct.				
Signature - Parent or C	Guardian						Date			

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	Helena, MT 59620-2501 Due to School Clerk June 1									
Elementary District Resp	onsible for Re	imbursing the	Contract			County Legal Entity				
Belgrade Elem						Gallatin		0368		
High School or K-12 Dist	rict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract shared  □ yes □ no	d between ele	ementary ar	nd high school	ol?						
Are you applying for i			□ No		Stuc	lent Name	School	Grade		
(If yes, please attach ISOLATION: Section 20	explanation) )-10-142, MCA	, provides for	increased rein	nbursement	0.00		3033	0.000		
rates for special circums increased rates, individu- trustees of the district, th Public Instruction. (10.7.	al circumstanc e county trans	es must be re portation com	viewed and ap mittee, and the	proved by the	Stuc	lent Name	School	Grade		
Check here only if increa	sed payment o	due to isolatio	n has been ap	proved by the	Stud	lent Name	School	Grade		
Elem District Approval HS District Approval	Elem District Approval						School	Grade		
	□ yes □	no				<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>			
Parent or Guardian N	ame: (Please	e Print)			□ 1	st Semester Only	☐ 2nd Semester Only	y   Both Semesters		
Logan Reddick Physical Address (stre	eet address	only):				Pre-kindergarten/Kindergarten  □ 1st Semester Only □ 2nd Semester Only □ Both Semesters  □ 2nd Semester Only □ Both Semesters				
Distance from home to nearest school (one way)  Elementary 12										
(county name) The parties agree as follows:  1. The parent shall trans insured driver will trans 2. In March and June, the transported for the pate of	The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Date									
Belgrade Elem High School District		Chair, Boa	ard of Trustee	es				Date		
			1 44	1 414 41 1		in American I				
Signature - Parent or G	uardian		I attest	t that the above	ıntormation	is true and correct.	Date			
Signature - Parent of G	uaiuiaii						Date			

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	Helena, MT 59620-2501  Due to School Clerk June 1									
Elementary District Res	sponsible for Re	imbursing the	Contract			County Legal Entity				
Belgrade Elem						Gallatin		0368		
High School or K-12 Dis	strict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share  ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?						
Are you applying for			□ No		Stud	ent Name	School	Grade		
(If yes, please attach ISOLATION: Section 2	explanation)	A. provides for	increased rein	nbursement	Oldo	CITE I VAINC	GCHOOL	Grade		
rates for special circum increased rates, individ trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstand the county trans	tion of resider es must be re portation com	nce. In order to eviewed and ap amittee, and the	o receive proved by the	Stud	ent Name	School	Grade		
Check here only if incre District Trustees and th	ased payment	due to isolatio	n has been ap	proved by the	Stud	ent Name	School	Grade		
Elem District Approval HS District Approval	□ yes □		itials			ent Name	School	Grade		
	□ yes	no				<u>S CONTRACT IS FO</u> les 1-12	<u>DR:</u>			
Parent or Guardian I	Name: (Pleas	e Print)				st Semester Only	☐ 2nd Semester Only	y   Both Semesters		
Lyle & D'Ann Cig Physical Address (st	gler reet address	only):				□ 1st Semester Only □ 2nd Semester Only □ Both Semesters  Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
Distance from home to nearest school (one way) Elementary 7 HS 0  Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0  Contract is for one-way only  Students in Each Grade Level - Only include the students to be covered by this contract.  Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.  Distance from home to nearest school (one way) HS 0  Kindergarten child rides with other school-age students also covere by this contract: To or from Bus Stop										
(county name) The parties agree as follow 1. The parent shall trainsured driver will trainsured driver will transported for the parents shall trains contract shall trains contract shall trains and the country is the payment shall trains contract shall train trains contract sh	The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Date									
High School District		Chair, Boa	ard of Trustee	es				Date		
		<u> </u>	Lattest	that the above	information	is true and correct.				
Signature - Parent or	Guardian		1 411001				Date			
-										

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501		Di	ue to School Clerk	k June 1			
Elementary District Re	sponsible for Re	eimbursing the	Contract		County	,	<u> </u>	Legal Entity	
Belgrade Elem					Galla	ıtin		0368	
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	ract	County			Legal Entity	
Is this contract share  ☐ yes ☐ no	ed between el	ementary ar	nd high scho	ol?				<u> </u>	
Are you applying for			□ No		Student Nar	 me	School		Grade
(If yes, please attack ISOLATION: Section 2	h explanation) 20-10-142, MCA	A, provides for	increased rein	nbursement			2011001		Orado
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ition of resider ces must be re sportation com	nce. In order to eviewed and apprint the imittee, and the imittee, and the income in the income i	o receive oproved by the	Student Nar	ne	School		Grade
Check here only if incre	·	, ,	ŕ	proved by the	Student Nar	me	School		Grade
District Trustees and th		portation Con	nmittee.	proved by the					
Elem District Approval		□ no	itials		Student Nar	me	School		Grade
HS District Approval County Approval	•	□ no □ no				RACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
Mike & Karen H	offman					,	•	y Bourde	mesters
Physical Address (s		only):				arten/Kinder ester Only	garten □ 2nd Semester Onl <sup>,</sup>	v □ Both Se	mesters
						,	(INDERGARTEN:	,	
Distance from home Elementary 8  Distance from home	HS <b>0</b>				Kindergarte by this con To or from E To or from S	en child ride tract: Bus Stop School	es <u>with</u> other school-a times per day, _ times per day, _	days	s per week s per week
Elementary .6	HS <b>0</b>	13 3top, 11 arr	y (one way)		To or from S	en child ride Bus Stop School	es <u>without</u> other scho times per day, _ times per day, _	oi-age student days days	i <b>s:</b> s per week s per week
☐ Contract is for or	, ,	464444			Deadline			-	
Students in Each Grade Le				-	PARENTS:	Due to Sch	ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: S	Send origina	to County Supt by July	y 1, retain a cop	by for your
Regular Trans					COUNTYS	IIDEDINTEN	IDENTS: Send origina	lto OPI by July	(10 rotain a
Spec. Ed. Trans					copy for you		IDENTS. Selid oligilia	ii to OFI by July	10, letaili a
Room & Board						RE	IMBURSEMENT RA	ATE	
Correspondence						(For dist	rict, county and OPI	use only)	
Reg. Contingency						Reimb	ursement rate is detern	nined by	
Spec. Ed. Contin.							20-10-142, MCA.		
	<u>.                                      </u>								
Agreement between	n parent (parer	nt name)			. and school	district (dist	rict name)		
	F (F	, , , , , , , , , , , , , , , , , , ,					,		·
(county name) The parties agree as follow		ranapartation fo		-	fter referred to as th		session. The parent or quard	ion coourse that a lis	oneed and
insured driver will to	ransport the studer	nts. Mileage cor	ntracts are valid o	only when transportat	ion for the distance report	ed on the contra			
transported for the	past semester.	•	•		ation upon certification by	·	•	noor or days the Stu	acin(a) was
	terminate at the er	d of the school		student(s) is no long	er enrolled in school, which			Date	
Belgrade Elem		,							
High School District		Chair, Boa	ard of Truste	es				Date	
			I attes	t that the above	information is true	and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

PO Box 202501 Helena, MT 5962	0-2501	Di	ue to School Clerk June 1		
Elementary District Responsible for R	teimbursing the Contr	act	County		Legal Entity
Belgrade Elem			Gallatin		0368
High School or K-12 District Respons	ible for Reimbursing	the Contract	County		Legal Entity
Is this contract shared between e	elementary and hig	h school?			
Are you applying for isolation sta		No	Student Name	School	Grade
(If yes, please attach explanation ISOLATION: Section 20-10-142, MC		ased reimbursement		Concor	Ciudo
rates for special circumstances of isol increased rates, individual circumstan trustees of the district, the county tran	ices must be reviewe	d and approved by the	Student Name	School	Grade
Public Instruction. (10.7.116 ARM pro	ovides guidelines for s	such.)	Student Name	School	Grade
Check here only if increased payment District Trustees and the County Tran				3011001	
Elem District Approval	□ no		Student Name	School	Grade
County Approval	□ no		THIS CONTRACT IS FO	<u>DR:</u>	
Parent or Guardian Name: (Pleas	se Print)		Grades 1-12  ☐ 1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Nicholas Ault			Pre-kindergarten/Kinder	garten	
Physical Address (street address	s only):		☐ 1st Semester Only		/ □ Both Semesters
			KINDERGARTEN/PREI		
Distance from home to nearest s Elementary 5 HS 0	chool (one way)		by this contract:		ge students also covered  days per week
Distance from home to nearest b Elementary 0 HS 0	us stop, if any (one	e way)	To or from School Kindergarten child ride	times per day, _ es without other scho	days per week ol-age students:
☐ Contract is for one-way only			To or from School	times per day, _	days per week
Students in Each Grade Level - Only include	e the students to be cove	ered by this contract.	<b>Deadlines:</b>		
Pre-K	К 1	-8 9-12	PARENTS: Due to Sch	ool Clerk June 1.	
Total	Total To	otal Total	<b>CLERKS:</b> Send origina files.	I to County Supt by July	/ 1, retain a copy for your
Regular Trans				JDFNTS: Send origina	I to OPI by July 10, retain a
Spec. Ed. Trans			copy for your files.	DEITTO. Ocha ongma	
Room & Board				EIMBURSEMENT RA	
Correspondence			(For dist	rict, county and OPI	use only)
Reg.			Reimh	ursement rate is determ	nined by
Contingency Spec. Ed. Contin.			Reinib	20-10-142, MCA.	inica by
Agreement between parent (pare	ent name)		, and school district (dist	rict name)	······································
(county name) The parties agree as follows:		County, hereina	fter referred to as the District(s).		
The parent shall transport or provide insured driver will transport the students.	ents. Mileage contracts a	are valid only when transportati	I or bus stop on the days when school is ir ion for the distance reported on the contra	ct actually occurs.	
transported for the past semester.			ation upon certification by the teacher or p		nber of days the student(s) was
<ol> <li>This contract shall terminate at the example.</li> </ol>	end of the school year or	when the student(s) is no long-	142, MCA, and the information accompany er enrolled in school, whichever occurs first		T -
Elementary School District Belgrade Elem	Chair, Board of	Trustees			Date
High School District	Chair, Board of	Trustees			Date
	1	I attest that the above	information is true and correct.		
Signature - Parent or Guardian				Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Elementary Diseast Responsible for Reimbursing the Contract    Belgrade Elem		Helena, MT 59620-2501 Due to School Clerk June 1									
Is this contract shared between elementary and high school?  yes □ no Are you applying for isolation slatus? □ Yes □ No (if yes, please attach explanation)  SBUATION: Scora 26-164.2 (McA, provides for increased reimbursement increased rains stated between elementary and high school?  yes □ no Clare the early influence 26-164.2 (McA, provides for increased reimbursement increased rains stated between states of the district, the county inscription normitine. Bis Contract in the contract is the county in transportation committee, and the Office of Public instruction; 107.118 ACM provides guidelines for such).  Student Name School Grade  This Contract: This contract is for one-way only in the students of t	Elementary District Responsible for	or Reimbursing the Co	ntract	County							
Is this contract shared between elementary and high school?  yes □ no Are you applying for isolation slatus? □ Yes □ No (if yes, please attach explanation)  SBUATION: Scora 26-164.2 (McA, provides for increased reimbursement increased rains stated between elementary and high school?  yes □ no Clare the early influence 26-164.2 (McA, provides for increased reimbursement increased rains stated between states of the district, the county inscription normitine. Bis Contract in the contract is the county in transportation committee, and the Office of Public instruction; 107.118 ACM provides guidelines for such).  Student Name School Grade  This Contract: This contract is for one-way only in the students of t	Relarade Flem			Gallatin		0368					
Agreement between parent (parent name)  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Agreement between parent (parent name)  Correspondence  Reg.  County, hereinafter referred to as the District, county and OPI use only)  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  County name)  County name)  County name)  County hereinafter referred to as the District, county and OPI use only)  Agreement between parent (parent name)  County hereinafter referred to as the District, county and OPI use only)  Reimbursement rate is determined by  R	High School or K-12 District Resp	onsible for Reimbursin	g the Contract								
Agreement between parent (parent name)  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Agreement between parent (parent name)  Correspondence  Reg.  County, hereinafter referred to as the District, county and OPI use only)  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  County name)  County name)  County name)  County hereinafter referred to as the District, county and OPI use only)  Agreement between parent (parent name)  County hereinafter referred to as the District, county and OPI use only)  Reimbursement rate is determined by  R											
Solution		en elementary and h	igh school?	<u> </u>							
Student Name			□ No	Student Name	School	Grade					
Intension for special corunstances of leadston of residence. In order to receive intronseod rates, ordividual circumstances must be reviewed and approved by the process of the district, she country transportation committee, and the College of Public Intension (IC)-7.18 ARI public Institution. (Institution Institution Institution Institution. (Institution Institution Institution.)  Elementary 1 and Institution. (Institution Institution.)  Stacie Seifert  Physical Address (street address only):  Distance from home to nearest school (one way)  Elementary 1 HS ARI Public Institution. (Institution.)  Distance from home to nearest school (one way)  Elementary 1 HS ARI Public Institution. (Institution.)  Distance from home to nearest school (one way)  Elementary 1 HS ARI Public Institution. (Institution.)  Contract is for one-way only  Students in Eart Grade Level. (Institution.)  Pre-kindergrane. (Institution.)  Pre-kindergrane. (Institution.)  Pre-kindergrane. (Institution.)  Pre-kindergrane. (Institution.)  Pre-kindergrane. (Institution.)  Agreement between parent (parent name).  Agreement be	(If yes, please attach explana ISOLATION: Section 20-10-142.	tion) MCA. provides for inci	reased reimbursement		GCHOOL	Grade					
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.  Elem District Approval   yes   no   no   no   no   no   no   no   n	rates for special circumstances of increased rates, individual circumstrustees of the district, the county	isolation of residence. stances must be review transportation committed.	In order to receive wed and approved by the ee, and the Office of	Student Name	School	Grade					
Elem District Approval   yes	Check here only if increased payr	nent due to isolation ha	as been approved by the	Student Name	School	Grade					
Parent or Guardian Name: (Please Print)   Stacle Seifert	Elem District Approval   yes	Initials  □ no				Grade					
Stacie Seifert					FOR:						
Physical Address (street address only):    State	Parent or Guardian Name: (P	lease Print)		*******							
Distance from home to nearest school (one way)  Elementary 15 HS 0  Is 0  Distance from home to nearest school (one way)  Elementary 15 HS 0  Distance from home to nearest bus stop, if any (one way)  Elementary 0 HS 0  Contract is for one-way only  Sudents in Each Grade Level-Only include the students to be covered by this contract.  Pre-K K 1-8 9-12  Total Total Total Total Total Total  Regular Trans  Spec. Ed. Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.  Agreement between parent (parent name)		ess only):			Pre-kindergarten/Kindergarten						
(county name)	Distance from home to nearest school (one way) Elementary 15 HS 0  Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0  Contract is for one-way only  Students in Each Grade Level - Only include the students to be covered by this contract.  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg. Contingency  Reimburssement rate is determined by  Rindergarten child rides with out other school-age students also covered by this contract:  To or from Bus Stop times per day, days per week the students to be covered by this contract.  To or from Bus Stop times per day, days per week to or from School t										
High School District Chair, Board of Trustees Date  I attest that the above information is true and correct.	(county name) The parties agree as follows:  1. The parent shall transport or pro- insured driver will transport the standard of the past semests transported for the past semests 3. The payment shall be computed 4. This contract shall terminate at standard of the past semests Elementary School District	(county name) County, hereinafter referred to as the District(s).  The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  County, hereinafter referred to as the District(s).									
		Chair, Board	of Trustees			Date					
			I attest that the above	e information is true and correc	<u></u> ct.	l					
	Signature - Parent or Guardian										

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501		D	ue to Scho	ol Clerk June 1			
Elementary District Re	sponsible for Re	imbursing the	Contract			County	,	Legal Entity	
Belgrade Elem						Gallatin		0368	
High School or K-12 D	istrict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share □ yes □ no	ed between el	ementary ar	d high school	ol?					
Are you applying for			□ No		Stud	dent Name	School		Grade
(If yes, please attaction: Section	20-10-142, MCA	, provides for			1				
rates for special circum increased rates, individ trustees of the district,	lual circumstand the county trans	es must be re sportation com	viewed and apmittee, and the	proved by the	Stud	dent Name	School		Grade
Public Instruction. (10.	·	J	,		Stud	lent Name	School		Grade
Check here only if incre District Trustees and the		portation Con	mittee.	proved by the					
Elem District Approval		no	tials		Stud	lent Name	School		Grade
HS District Approval County Approval		□ no □ no				S CONTRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12  ☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters				
Tamara Mobley					Pre-	kindergarten/Kinder	parten		
Physical Address (s	treet address	only):					2nd Semester Onl	y 🗆 Both Sei	mesters
						DERGARTEN/PRE			
Distance from home Elementary 9	to nearest so	hool (one wa	ay)		bv t	his contract:	es <u>with</u> other school-a	_	
Distance from home Elementary 0	to nearest bu	is stop, if an	y (one way)		Kind	dergarten child ride	times per day, _ times per day, _ s <u>without</u> other scho times per day, _	ol-age student	ts:
□ Contract is for o	ne-way only				To c	or from School	times per day, _	days	s per week
Students in Each Grade Le	• •	the students to t	ne covered by thi	s contract.	Dea	adlines:			
	Pre-K	K	1-8	9-12	PAR	RENTS: Due to Scho	ool Clerk June 1.		
De suden Trene	Total	Total	Total	Total	CLE files		to County Supt by Jul	y 1, retain a cop	y for your
Regular Trans Spec. Ed. Trans						JNTY SUPERINTEN of for your files.	IDENTS: Send origina	al to OPI by July	10, retain a
Room & Board						RE	IMBURSEMENT RA	ATE	
Correspondence							rict, county and OPI		
Reg.									
Contingency						Reimb	ursement rate is detern 20-10-142, MCA.	nined by	
Spec. Ed. Contin.							20-10-142, WOA.		
Agreement betweer	parent (parer	nt name)			, and	d school district (distr	ict name)		,
(county name)			(	County, hereina	ifter referred	to as the District(s).			
	ansport or provide t						session. The parent or guard	lian assures that a lic	censed and
	, the District shall p					nce reported on the contraction by the teacher or pro-	ct actually occurs. rincipal of the school of the nu	mber of days the stu	dent(s) was
<ol><li>The payment shall</li></ol>	be computed on th	e basis of the so	chedule establish	ned in Section 20-10- student(s) is no long	-142, MCA, and ser enrolled in so	the information accompany	ing this contract. t.		
Elementary School			ard of Truste		,	,		Date	
Belgrade Elem High School District		Chair, Boa	ard of Truste	es				Date	
		<u> </u>	Lattes	t that the chave	information	is true and correct			
Signature - Parent or	Guardian		ı alles	t triat trie above	ппоппацоп	is true and correct.	Date		
<u> </u>									

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	Helena, MT 59620-2501  Due to School Clerk June 1								
Elementary District Res	sponsible for Re	eimbursing the	Contract		County		Legal Entity		
Belgrade Elem					Gallatir	n	0368		
High School or K-12 Di	strict Responsil	ole for Reimbu	rsing the Cont	ract	County	<u>'</u>	Legal Entity		
Is this contract share  ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?	<u> </u>				
Are you applying for			□ No		Student Name	School	Grade		
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142, MCA	) A, provides for	increased rein	mbursement					
rates for special circum increased rates, individ trustees of the district, t Public Instruction. (10.7	ual circumstand the county trans	ces must be re sportation com	eviewed and ap nmittee, and the	proved by the	Student Name	School	Grade		
Check here only if incre	·	, i	ŕ	nroved by the	Student Name	School	Grade		
District Trustees and th		sportation Con		provou by the					
Elem District Approval		□ no			Student Name	School	Grade		
HS District Approval County Approval		□ no □ no			THIS CONTRA	ACT IS FOR:			
Parent or Guardian I	Name: (Pleas	e Print)			Grades 1-12  ☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters				
Terem Balbao					Dro kindorgart	on/Kindorgorton	•		
Physical Address (st	treet address	only):			☐ 1st Semest	en/Kindergarten er Only □ 2nd Semester	r Only   Both Semesters		
					KINDERGART	TEN/PREKINDERGARTEN:	:		
Distance from home Elementary 4	HS <b>0</b>	·			Kindergarten by this contra To or from Bus To or from Sch	child rides with other schoact: s Stop times per d nool times per d	lay, days per week days, days per week		
Distance from home Elementary <b>0</b>	HS <b>0</b>	іѕ ѕюр, іі ап	y (one way)		Kindergarten To or from Set	child rides without other s s Stop times per d	school-age students: lay, days per week lay, days per week		
□ Contract is for or	ne-way only				TO OF HOLL SCI	iooi times per u	ay,uays per week		
Students in Each Grade Le	evel - Only include	the students to	be covered by thi	is contract.	Deadlines:	ue to School Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total			y July 1, retain a copy for your		
Regular Trans									
Spec. Ed. Trans					copy for your f		riginal to OPI by July 10, retain a		
Room & Board						REIMBURSEMEN			
Correspondence						(For district, county and	OPI use only)		
Reg.									
Contingency						Reimbursement rate is d 20-10-142, MC			
Spec. Ed. Contin.									
Agreement between	parent (pare	nt name)			, and school di	strict (district name)	,		
(county name)				County hereinaf	ter referred to as the l	District(s)			
The parties agree as follow		transportation fo					r guardian assures that a licensed and		
insured driver will tr	ansport the stude	nts. Mileage cor	ntracts are valid of	only when transportati	on for the distance reported of	on the contract actually occurs.	the number of days the student(s) was		
transported for the p 3. The payment shall l	past semester. be computed on the	ne basis of the s	chedule establish	ned in Section 20-10-1	142, MCA, and the informatio	on accompanying this contract.			
	terminate at the er	nd of the school		student(s) is no longe	er enrolled in school, whichever		Date		
Belgrade Élem High School District		Chair Bo	ard of Truste	<u> </u>			Date		
riigii Octiooi Distilct		Oriali, Du	ara or rruste				Date		
			l attes	t that the above	information is true and	d correct.			
Signature - Parent or	Guardian					Date			

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	a, MT 59620	-2501		Dı	ue to Schoo	ol Clerk June 1		Due to School Clerk June 1					
Elementary District Res	ponsible for Re	imbursing the	Contract			County	•	Legal Entity					
Malmborg Elem						Gallatin		0370					
High School or K-12 Dis	strict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity					
Is this contract share  ☐ yes ☐ no	ed between el	ementary an	d high school	ol?									
Are you applying for			□ No		Stud	ent Name	School		Grade				
(If yes, please attach	0-10-142, MCA	, provides for			1								
rates for special circums increased rates, individu trustees of the district, the	ual circumstand he county trans	es must be re portation com	viewed and apmittee, and the	proved by the	Stud	ent Name	School		Grade				
Public Instruction. (10.7	·	, and the second	,		Stud	ent Name	School		Grade				
Check here only if incre District Trustees and the		portation Com	mittee.	proved by the									
Elem District Approval		no	tials		Stud	ent Name	School		Grade				
HS District Approval County Approval		no no				CONTRACT IS FO	DR:						
Parent or Guardian N	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Onl	y □ Both Se	mesters				
Kane & Lin Fisch					Pre-	kindergarten/Kinder	parten						
Physical Address (st	reet address	only):					2nd Semester Onl	y   Both Se	mesters				
						DERGARTEN/PREM							
Distance from home Elementary 6	to nearest sc	hool (one wa	ay)		bv tl	nis contract:	es <u>with</u> other school-a	_					
Distance from home Elementary <b>0</b>	to nearest bu	s stop, if an	y (one way)		Kind	dergarten child ride	times per day, _ times per day, _ s <u>without</u> other scho	ol-age student	s:				
•					To o	r from School	times per day, _ times per day, _	days	s per week s per week				
☐ Contract is for on  Students in Each Grade Lev		the students to b	be covered by thi	s contract.	Dea	adlines:							
1	Pre-K	К	1-8	9-12	PAR	ENTS: Due to Scho	ool Clerk June 1.						
	Total	Total	Total	Total	CLE files.		to County Supt by Jul	y 1, retain a cop	by for your				
Regular Trans					COL	JNTY SUPERINTEN	IDENTS: Send origina	al to OPI by July	10, retain a				
Spec. Ed. Trans						for your files.							
Room & Board							IMBURSEMENT RA						
Correspondence						(For dist	rict, county and OPI	use only)					
Reg.						Peimbi	ursement rate is detern	nined by					
Contingency Spec. Ed. Contin.						Keimbe	20-10-142, MCA.	Timed by					
5,000. Ed. 00mmi.													
Agreement between	parent (parer	nt name)			, and	l school district (distr	ict name)		·,				
(county name) The parties agree as follows	 s:			County, hereina	fter referred	to as the District(s).							
The parent shall transinsured driver will transition	nsport or provide t ansport the studer	nts. Mileage con	tracts are valid o	only when transportat	tion for the distar	nce reported on the contract							
transported for the p	ast semester.	•	•		•		incipal of the school of the nu	mber of days the stu	dent(s) was				
<ol> <li>This contract shall to</li> </ol>	erminate at the en	d of the school y	ear or when the	student(s) is no long	- 14∠, MCA, and f ger enrolled in sc	the information accompany hool, whichever occurs firs	ing this contract. t.	Dota					
Elementary School D Malmborg Elem	JISTRICT	·	ard of Truste					Date					
High School District		Chair, Boa	ard of Truste	es				Date					
			l attes	t that the above	information	is true and correct.		1					
Signature - Parent or 0	Guardian						Date						

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	)-2501		Due to School Clerk June 1					
Elementary District Re	sponsible for Re	eimbursing the (	Contract		(	County		Legal Entity	
High School or K-12 D	istrict Responsil	ole for Reimburs	sing the Conf	tract	C	County		Legal Entity	
West Yellowston	ne K-12				(	Gallatin		0374	
Is this contract shar  ☐ yes ☐ no	ed between el	ementary and	high scho	ol?					
Are you applying for (If yes, please attact ISOLATION: Section	h explanation)	)	□ No	mbursement	Studer	nt Name	School	Grade	
rates for special circun increased rates, individual trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of residences must be revenenced in the revenence of the revenence of the residual resi	ce. In order t iewed and ap nittee, and th	o receive oproved by the	Studer	nt Name	School	Grade	
Check here only if incr District Trustees and the		sportation Comr	nittee.	pproved by the	Studer	nt Name	School	Grade	
Elem District Approval HS District Approval	•	Initi □ no □ no	als 		Studer	nt Name	School	Grade	
County Approval	□ yes	□ no			THIS (	CONTRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)				Semester Only	□ 2nd Semester On	ly   Both Semesters	
Debra & Dana ( Physical Address (s		only):				ndergarten/Kinder			
1 Hysical Address (s	ilicet address	orny).						ly   Both Semesters	
Distance from home Elementary <b>0</b> Distance from home Elementary <b>0</b>	HS <b>5.7</b>				Kinde by this To or f To or f Kinde To or f	rgarten child ride s contract: from Bus Stop from School rgarten child ride from Bus Stop	times per day, times per day, times per day, s without other scho	days per week days per week days per week col-age students: days per week days per week days per week	
□ Contract is for o							times per day,	uays per week	
Students in Each Grade Le	evel - Only include	the students to be	covered by th	is contract.		<u>llines:</u> NTS: Due to Sch	ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERI files.	KS: Send origina	I to County Supt by Ju	ly 1, retain a copy for your	
Regular Trans  Spec. Ed. Trans						TY SUPERINTEN or your files.	IDENTS: Send origina	al to OPI by July 10, retain a	
Room & Board					сору к		EIMBURSEMENT R	ATF	
Correspondence							rict, county and OP		
Reg. Contingency						Reimb	ursement rate is determent 20-10-142, MCA.	mined by	
Spec. Ed. Contin.							20 10 142, WOA.		
Agreement betweer	narent (nare	nt name)			and s	chool district (dist	rict name)		
	r parent (pare	it name)				as the District(s).		,	
insured driver will to 2. In March and June transported for the	ansport or provide ransport the stude , the District shall p past semester.	nts. Mileage contr pay the parent the	the student(s) to racts are valid of sum officially a	o and from the school only when transportati approved in the applica	I or bus stop on the ion for the distance ation upon certifica	e days when school is in reported on the contra tion by the teacher or p	session. The parent or guar ct actually occurs. rincipal of the school of the nu	dian assures that a licensed and umber of days the student(s) was	
	terminate at the er		ar or when the	student(s) is no longe		information accompany ol, whichever occurs firs		Date	
High School District		Chair, Boar						Date	
West Yellowstone K									
Ciamatura Barret	Cuardi		I attes	t that the above	information is	true and correct.	Doto		
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	)-2501			e to School Clerk June		
Elementary District Re	sponsible for Re	eimbursing the	Contract		County	<u> </u>	Legal Entity
High School or K-12 D		ble for Reimbur	sing the Cont	ract	County		Legal Entity
West Yellowsto					Gallatin		0374
Is this contract shar  ☐ yes ☐ no	ed between e	lementary and	d high scho	ol?			
Are you applying fo (If yes, please attaction isolation: Section	h explanation	)	□ No	nbursement	Student Name	School	Grade
rates for special circur increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isolo dual circumstand the county trans	ation of residen ces must be rev sportation comr	ce. In order to viewed and apmittee, and the	o receive oproved by the	Student Name	School	Grade
Check here only if incr District Trustees and to	eased payment	due to isolation sportation Com	n has been ap mittee.	proved by the	Student Name	School	Grade
Elem District Approval		□ no	ials ———		Student Name	School	Grade
HS District Approval County Approval	,	□ no □ no			THIS CONTRACT	IS FOR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester C	Only   2nd Semester Only	y □ Both Semesters
Denise Zdansky					Pre-kindergarten/k	Kindergarten	
Physical Address (s	treet address	only):				only 2nd Semester Only	y □ Both Semesters
Distance from home Elementary <b>0</b> Distance from home Elementary <b>0</b> Contract is for o	HS <b>5.7</b> e to nearest bu HS <b>0</b>	·	• /		Kindergarten chi by this contract: To or from Bus Sto To or from School Kindergarten chi To or from Bus Sto	/PREKINDERGARTEN: Id rides with other school-a  pptimes per day, _ times per day, _ drides without other scho pptimes per day, _ times per day, _ times per day, _ times per day, _	days per week days per week ol-age students: days per week
Students in Each Grade L	• •	the students to b	e covered by thi	is contract.	Deadlines:		
	Pre-K	К	1-8	9-12	PARENTS: Due t	o School Clerk June 1.	
	Total	Total	Total	Total	CLERKS: Send of files.	original to County Supt by July	y 1, retain a copy for your
Regular Trans						INTENDENTS: Send origina	I to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.		
Room & Board					(Fo	REIMBURSEMENT RA or district, county and OPI	
Correspondence						, <b>,</b>	,
Reg. Contingency					F	Reimbursement rate is determ 20-10-142, MCA.	nined by
Spec. Ed. Contin.						20-10-142, MCA.	
Agreement between	n parent (pare	nt name)			, and school distric	t (district name)	· · · · · · · · · · · · · · · · · · ·
(county name)			(	County, hereinaf	ter referred to as the Dist	rict(s).	
	ansport or provide					nool is in session. The parent or guard	ian assures that a licensed and
<ol><li>In March and June</li></ol>	, the District shall				on for the distance reported on the ation upon certification by the teac	e contract actually occurs. her or principal of the school of the nur	mber of days the student(s) was
	be computed on t				42, MCA, and the information accer enrolled in school, whichever on		
Elementary School			rd of Truste		2 Silver in Solitori, Williams Ver UC		Date
High School District West Yellowstone		Chair, Boa	rd of Truste	es			Date
			I attes	t that the above i	information is true and co	rrect.	
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	x 202501 , MT 59620	)-2501			chool Year 2004- 2005 e to School Clerk June	ı	
Elementary District Resp	onsible for Re	eimbursing the	Contract		County	1	Legal Entity
High School or K-12 Dist	rict Responsib	ole for Reimbur	sing the Con	tract	County		Legal Entity
West Yellowstone	e K-12				Gallatin		0374
Is this contract shared  ☐ yes ☐ no	l between el	ementary and	d high scho	ol?			
Are you applying for is (If yes, please attach	explanation)	)	□ No		Student Name	School	Grade
ISOLATION: Section 20 rates for special circums increased rates, individua trustees of the district, the Public Instruction. (10.7.	tances of isola al circumstanc e county trans	ation of residend ces must be revision community	ce. In order to it it is a contract to the con	o receive oproved by the	Student Name	School	Grade
Check here only if increa District Trustees and the		sportation Com	mittee.	pproved by the	Student Name	School	Grade
		□ no	ials 		Student Name	School	Grade
HS District Approval					THIS CONTRACT IS	S FOR:	
Parent or Guardian N	ame: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester On	y   2nd Semester On	ly Both Semesters
Elizabeth & Travi					Pre-kindergarten/Kir		
Physical Address (stre	eet address	only):			☐ 1st Semester On	y 2nd Semester On	ly Doth Semesters
Distance from home t Elementary <b>0</b> Distance from home t Elementary <b>0</b>	HS <b>7.5</b>	·			Kindergarten child by this contract: To or from Bus Stop To or from School Kindergarten child To or from Bus Stop	times per day, times per day, rides without other scho	days per week days per week days per week ool-age students: days per week days per week days per week
☐ Contract is for one	e-way only					tiriles per day,	days per week
Students in Each Grade Leve	el - Only include	the students to be	e covered by th	is contract.	Deadlines: PARENTS: Due to	School Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total			ly 1, retain a copy for your
Regular Trans  Spec. Ed. Trans					COUNTY SUPERIN	TENDENTS: Send origina	al to OPI by July 10, retain a
· ·					copy for your files.	REIMBURSEMENT R	ATE
Room & Board  Correspondence					(For	district, county and OP	
Reg. Contingency					Re	imbursement rate is deter	mined by
Spec. Ed. Contin.						20-10-142, MCA.	
L							
Agreement between p	oarent (parer	nt name)				,	, , , , , , , , , , , , , , , , , , , ,
(county name)  The parties agree as follows:  1. The parent shall trans		transportation for		•	ter referred to as the Distriction or bus stop on the days when school	,	dian assures that a licensed and
	ne District shall p				on for the distance reported on the c tion upon certification by the teache		umber of days the student(s) was
<ol><li>The payment shall be</li></ol>	computed on the	ne basis of the school ye	nedule establish ear or when the	ned in Section 20-10-1 student(s) is no longe	42, MCA, and the information according renrolled in school, whichever occur	npanying this contract. rs first.	
Elementary School Di			rd of Truste				Date
High School District West Yellowstone K-1	12	Chair, Boa	rd of Truste	es			Date
			I attes	t that the above i	nformation is true and corre	ect.	
Signature - Parent or G	uardian					Date	

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620	)-2501			chool Year 2004- 2005 e to School Clerk June 1		
Elementary District Re	esponsible for Re	eimbursing the	Contract		County		Legal Entity
High School or K-12 D	istrict Responsi	ole for Reimbu	rsing the Cont	ract	County		Legal Entity
West Yellowsto					Gallatin		0374
Is this contract shar  ☐ yes ☐ no	ed between e	ementary an	d high scho	ol?			
Are you applying fo (If yes, please attaction: Section	h explanation	)	□ No	mbura am ant	Student Name	School	Grade
rates for special circur increased rates, indivi- trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of residen ces must be re- sportation com	ice. In order to viewed and appoint the mittee, and the mittee, and the mittee, and the mittee, and the mittee.	o receive oproved by the	Student Name	School	Grade
Check here only if inconstruct Trustees and t	eased payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade
Elem District Approval		□ no	tials		Student Name	School	Grade
HS District Approval County Approval					THIS CONTRACT IS F	OR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12  ☐ 1st Semester Only	□ 2nd Semester Onl	y   Both Semesters
JoLynne McDoi Physical Address (s		only):			Pre-kindergarten/Kinde	rgarten  □ 2nd Semester Onl	y □ Both Semesters
Distance from home Elementary 0  Distance from home Elementary 0  Contract is for o Students in Each Grade L  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	e to nearest so HS 8 e to nearest bu HS 0	chool (one wa	(one way)	is contract.  9-12 Total	KINDERGARTEN/PRE Kindergarten child ric by this contract: To or from Bus Stop_ To or from School Kindergarten child ric To or from Bus Stop_ To or from Bus	times per day, times	days per week
insured driver will In March and June transported for the The payment shall This contract shall	ws: ansport or provide transport the stude t, the District shall p past semester. be computed on the terminate at the el	transportation for nts. Mileage con pay the parent the ne basis of the so nd of the school y	the student(s) to tracts are valid of e sum officially a hedule establish ear or when the	o and from the school only when transportation proved in the applicated in Section 20-10-14 student(s) is no longe	, and school district (dister referred to as the District(sor bus stop on the days when school is on for the distance reported on the contribution upon certification by the teacher or 42, MCA, and the information accompa	). in session. The parent or guard actually occurs. principal of the school of the nunying this contract.	mber of days the student(s) was
Elementary School		,	rd of Truste				Date
High School District West Yellowstone		Chair, Boa	rd of Truste	es 			Date
			I attes	t that the above i	nformation is true and correct		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620	)-2501			e to School Clerk				
Elementary District Res	sponsible for Re	eimbursing the	Contract		County			Legal Entity	_
High School or K-12 Di		ble for Reimbur	sing the Cont	tract	County			Legal Entity	
West Yellowstor					Gallati	n		0374	
Is this contract share □ yes □ no	ed between e	lementary an	d high scho	ol?					
Are you applying for (If yes, please attack ISOLATION: Section 2	n explanation 20-10-142, MC/	) A, provides for			Student Name	<del>)</del>	School	Grade	
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7	ual circumstand the county trans	ces must be rev sportation comi	viewed and apmittee, and th	oproved by the	Student Name	<del>)</del>	School	Grade	
Check here only if incre District Trustees and th	eased payment	due to isolation sportation Com	n has been ap mittee.	pproved by the	Student Name	9	School	Grade	
Elem District Approval		□ no	tials 		Student Name	;	School	Grade	
HS District Approval County Approval	,	□ no □ no			THIS CONTR	ACT IS FOR	<u>t:</u>		
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semes	ter Only	2nd Semester Only	□ Both Semesters	
Linda Bell					Pre-kindergar	ten/Kinderga	arten		
Physical Address (st	treet address	only):					2nd Semester Only	□ Both Semesters	
Distance from home Elementary <b>0</b> Distance from home Elementary <b>0</b> Contract is for or	HS <b>5.5</b> to nearest bu	·	• /		Kindergarten by this contro To or from Bu To or from So Kindergarten To or from Bu	child rides act: s Stop hool child rides s Stop	times per day,times per day,	days per week days per week days per week bl-age students: days per week days per week days per week	t.
Students in Each Grade Le		the students to b	e covered by th	is contract.	<u>Deadlines</u>				
	Pre-K	K	1-8	9-12	PARENTS: [	Due to Schoo	ol Clerk June 1.		
	Total	Total	Total	Total	CLERKS: Se files.	nd original t	o County Supt by July	1, retain a copy for your	
Regular Trans  Spec. Ed. Trans					COUNTY SUI		ENTS: Send original	to OPI by July 10, retain a	a
Room & Board							MBURSEMENT RA	ιΤΕ	
Correspondence						(For distric	ct, county and OPI	use only)	
Reg. Contingency						Reimbur	sement rate is determ	ined by	
Spec. Ed. Contin.							20-10-142, MCA.		
Agreement between	parent (pare	nt name)			, and school d		t name)		
insured driver will tr	nsport or provide ansport the stude	nts. Mileage conf	the student(s) to	o and from the school only when transportation	on for the distance reported	en school is in so on the contract	actually occurs.	an assures that a licensed and	
transported for the 3. The payment shall	past semester. be computed on t	ne basis of the sc	hedule establish	ned in Section 20-10-1	42, MCA, and the information	on accompanyin	•		
	terminate at the er	nd of the school y		student(s) is no longe	er enrolled in school, whiche			Date	_
High School District		,	rd of Truste					Date	
West Yellowstone K	-12		l attes	t that the above i	information is true an	d correct			_
Signature - Parent or	Guardian		. 4.130				Date		=

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

_				
Co	nŧ		~+	-
( .( )	111	ı'n		+

	30x 202501 na, MT 59620	)-2501			e to School Clerk			
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		1	Legal Entity
High School or K-12 D	istrict Responsi	ble for Reimbur	sing the Conf	tract	County			Legal Entity
West Yellowsto	ne K-12				Gallat	in		0374
Is this contract shar  ☐ yes ☐ no	ed between e	lementary and	d high scho	ol?				
Are you applying for (If yes, please attact ISOLATION: Section	h explanation 20-10-142, MC/	) A, provides for i	□ No	mbursement	Student Nam	ne	School	Grade
rates for special circun increased rates, individual trustees of the district, Public Instruction. (10.	dual circumstand the county trans	ces must be rev sportation comr	viewed and apmittee, and th	oproved by the	Student Nam		School	Grade
Check here only if incr District Trustees and the		sportation Com	mittee.	pproved by the	Student Nam	ie	School	Grade
Elem District Approval HS District Approval		☐ no ☐ no	ials		Student Nam	ne	School	Grade
County Approval	□ yes	□ no			THIS CONTI		DR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Seme		□ 2nd Semester On	ly   Both Semesters
Melissa & Greg		a mla A			Pre-kinderga			
Physical Address (s	treet address	only):			☐ 1st Semes	ster Only	□ 2nd Semester On	ly Doth Semesters
Distance from home Elementary 0  Distance from home Elementary 0  Contract is for o Students in Each Grade Leading 10	HS 4.9 e to nearest bu HS 0 ne-way only evel - Only include	us stop, if any	(one way)		Kindergarte by this cont To or from B To or from S Kindergarte To or from B To or from S  To Deadlines	n child ride ract: us Stop chool n child ride us Stop chool chool	times per day, times per day, s without other scho	days per week days per week days per week col-age students: days per week days per week days per week
	Pre-K Total	K Total	1-8 Total	9-12 Total		end original	to County Supt by Ju	ly 1, retain a copy for your
Regular Trans					files.			
Spec. Ed. Trans					COUNTY SU copy for your		IDENTS: Send origina	al to OPI by July 10, retain a
Room & Board							IMBURSEMENT R	
Correspondence						(. 5. 5.6		. 200 0,
Reg. Contingency						Reimbi	ursement rate is detern 20-10-142, MCA.	mined by
Spec. Ed. Contin.					L			
Agreement between	i parent (pare	nt name)			-	`	ict name)	,
(county name) The parties agree as follow				•	ter referred to as the	` ,	The second constant	ultur annual shaka Baranad and
insured driver will t 2. In March and June transported for the	ransport the stude , the District shall p past semester.	nts. Mileage cont pay the parent the	racts are valid of sum officially a	only when transportation only when transportation on the application of the application o	on for the distance reporter ation upon certification by t	d on the contract he teacher or pr	et actually occurs. rincipal of the school of the nu	dian assures that a licensed and umber of days the student(s) was
<ol> <li>This contract shall</li> </ol>	terminate at the er	nd of the school ye	ear or when the	student(s) is no longe	142, MCA, and the informater enrolled in school, which			T
Elementary School	District	Chair, Boa	rd of Truste	es				Date
High School District West Yellowstone K		Chair, Boa	rd of Truste	es				Date
			I attes	t that the above	information is true a	nd correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	)-2501		Due to School Clerk June 1					
Elementary District Re	sponsible for Re	eimbursing the	Contract		Cour	nty		Legal Entity	_
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Conf	tract	Cour	nty		Legal Entity	
West Yellowsto	ne K-12				Gal	llatin		0374	
Is this contract shar  ☐ yes ☐ no	ed between el	ementary an	nd high scho	ol?					_
Are you applying for (If yes, please attact ISOLATION: Section	h explanation)	)	□ No increased reir	mbursement	Student N	lame	School	Grade	
rates for special circun increased rates, individual trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appointment in the mittee, and mittee mittee.	o receive oproved by the	Student N	lame	School	Grade	
Check here only if incr District Trustees and the		sportation Com	nmittee.	proved by the	Student N	lame	School	Grade	
Elem District Approval HS District Approval		Ini □ no □ no	itials		Student N	lame	School	Grade	
County Approval	□ yes	□ no				NTRACT IS FO	<u>DR:</u>		
Parent or Guardian	Name: (Pleas	e Print)			Grades 1- □ 1st Sei	mester Only	□ 2nd Semester Onl	y   Both Semesters	
Patti Austin						rgarten/Kinder			
Physical Address (s	treet address	only):			☐ 1st Sei	mester Only	☐ 2nd Semester Onl	y   Both Semesters	
Distance from home Elementary 0  Distance from home Elementary 0	HS <b>4.5</b> e to nearest bu	•			Kinderga by this co To or fron To or fron Kinderga To or fron	rten child ride contract:  n Bus Stop n School rten child ride n Bus Stop	times per day, times per day, es <u>without</u> other scho	days per week days per week days per week col-age students: days per week days per week days per week	
☐ Contract is for o  Students in Each Grade L	, ,	the students to h	ne covered by th	is contract	Deadlin				
Otadents in Each Grade E				<u> </u>			ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS:	: Send origina	I to County Supt by Jul	y 1, retain a copy for your	
Regular Trans						SUPERINTER	IDENTS: Send origina	al to OPI by July 10, retain a	ı
Spec. Ed. Trans					copy for y				
Room & Board							EIMBURSEMENT R.		
Correspondence						( 3 3 3 3	,,	,,	
Reg. Contingency						Reimb	ursement rate is detern 20-10-142, MCA.	mined by	
Spec. Ed. Contin.							20-10-142, MCA.		
									_
Agreement betweer	n parent (parei	nt name)			, and scho	ool district (dist	rict name)	,	
insured driver will t	ansport or provide transport the stude	nts. Mileage con	r the student(s) to	o and from the schoo	ion for the distance rep	s when school is ir orted on the contra	session. The parent or guard	dian assures that a licensed and	
transported for the	past semester.	•	•		ation upon certification  142, MCA, and the info	•	·	imber of days the student(s) was	
	terminate at the er	nd of the school y		student(s) is no long	er enrolled in school, w			Date	
High School District		,	ard of Truste					Date	
West Yellowstone k		Onan, Boo						Date	
			I attes	t that the above	information is tru	e and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	x 202501 ı, MT 59620	-2501		Du	e to Scho	ol Clerk June 1		
Elementary District Resp	onsible for Re	imbursing the	Contract			County	<u> </u>	Legal Entity
Ophir Elem						Gallatin		0375
High School or K-12 Dist	rict Responsib	ole for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract shared  □ yes □ no	l between ele	ementary ar	nd high schoo	ol?				
Are you applying for is			□ No		Stuc	lent Name	School	Grade
(If yes, please attach ISOLATION: Section 20	explanation) 0-10-142, MCA	A, provides for	increased rein	nbursement	0.00		33.133.	0.000
rates for special circums increased rates, individual trustees of the district, the Public Instruction. (10.7.)	tances of isola al circumstanc e county trans	tion of resider ses must be re sportation com	nce. In order to viewed and ap mittee, and the	o receive proved by the	Stuc	ent Name	School	Grade
Check here only if increa	sed payment o	due to isolatio	n has been ap	proved by the	Stud	ent Name	School	Grade
		Ini no	itials			lent Name	School	Grade
County Approval  Parent or Guardian N		no				S CONTRACT IS FO des 1-12	<u>)R:</u>	
	·	,			□ 1	st Semester Only	□ 2nd Semester Onl	y   Both Semesters
Brantley & Jacqui Physical Address (stre	ie Persons eet address (	only):				kindergarten/Kinder st Semester Only		y    Both Semesters
Distance from home to Elementary 11  Distance from home to Elementary 0  Contract is for one Students in Each Grade Level  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	is stop, if an	y (one way)	s contract.  9-12 Total	Kind by ti To co Kind To co To co  Dea PAR CLE files	nis contract: r from Bus Stop r from School dergarten child ride r from Bus Stop r from School adlines: ENTS: Due to Scho RKS: Send original UNTY SUPERINTEN r for your files.  RE	times per day, tool Clerk June 1.	days per week y 1, retain a copy for your all to OPI by July 10, retain a ATE use only)	
insured driver will trar 2. In March and June, the transported for the part of the part of the payment shall be	sport or provide to sport the studen le District shall p. ist semester. computed on the minate at the en	ransportation for this. Mileage corray the parent the basis of the sod of the school Chair, Boa	r the student(s) to tracts are valid o e sum officially ap	County, hereinaf o and from the school only when transportation oproved in the applicated in Section 20-10-1 student(s) is no longer	ter referred or bus stop on on for the dista ation upon certif 42, MCA, and	to as the District(s). the days when school is in	ct actually occurs. rincipal of the school of the null ring this contract.	lian assures that a licensed and mber of days the student(s) was  Date  Date
riigii School Distilct		Citali, b0a	aid Oi ITUS(E6					Date
			I attest	that the above i	information	is true and correct.		
Signature - Parent or G	uardian						Date	

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620	-2501	Due to School Clerk June 1					
Elementary District Res	sponsible for Re	eimbursing the	Contract			County		Legal Entity
Ophir Elem						Gallatin		0375
High School or K-12 Di	istrict Responsit	ole for Reimbu	rsing the Con	tract		County		Legal Entity
Is this contract share  □ yes □ no	ed between el	ementary an	d high scho	ol?				
Are you applying for			□ No		Stud	ent Name	School	Grade
(If yes, please attack ISOLATION: Section 2	20-10-142, MCA	A, provides for			Olda	one ramo	2011201	- Crado
rates for special circum increased rates, individ	lual circumstand	ces must be re	viewed and ap	oproved by the	Stud	ent Name	School	Grade
trustees of the district, Public Instruction. (10.7)				e Office of				
Check here only if incre District Trustees and th				proved by the	Stud	ent Name	School	Grade
Elem District Approval	□ yes	Ini □ no	tials		Stud	ent Name	School	Grade
HS District Approval County Approval		□ no □ no			THIS	CONTRACT IS FO	DR:	
Parent or Guardian		e Print)				es 1-12 st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Chuck & Kris So	chommer					•	•	
Physical Address (s		only):				kindergarten/Kinder st Semester Only		/ □ Both Semesters
						DERGARTEN/PREM		
Distance from home	to nearest so	hool (one wa	ay)			ergarten child ride nis contract:	es <u>with</u> other school-a	ge students also covered
Elementary 11	HS <b>0</b>				To o	r from Bus Stop	times per day, _	days per week
Distance from home Elementary <b>0</b>	to nearest bu HS <b>0</b>	ıs stop, if any	y (one way)		Kind	ergarten child ride	s without other scho	days per week ol-age students: days per week days per week days per week
☐ Contract is for or	ne-way only				То о	r from School	times per day, _	days per week
Students in Each Grade Le	evel - Only include	the students to b	e covered by th	is contract.		dlines: ENTS: Due to Scho	aal Clark kuna 4	
	Pre-K	_K	1-8	9-12				
	Total	Total	Total	Total	CLE files.	RKS: Send original	to County Supt by July	/ 1, retain a copy for your
Regular Trans					COU	NTY SUPERINTEN	IDENTS: Send origina	I to OPI by July 10, retain a
Spec. Ed. Trans						for your files.	g	
Room & Board							IMBURSEMENT RA	
Correspondence						(For dist	rict, county and OPI	use only)
Reg.						Daimb		alle and leave
Contingency						Reimbi	ursement rate is determ 20-10-142, MCA.	lined by
Spec. Ed. Contin.								
Agreement between	parent (parei	nt name)			, and	school district (distr	rict name)	
(county name) The parties agree as follow	vs:			County, hereinaf	ter referred	to as the District(s).		
The parent shall tra insured driver will to	insport or provide transport the stude	nts. Mileage con	tracts are valid	only when transportation	on for the distan	ce reported on the contract	ct actually occurs.	an assures that a licensed and
transported for the	past semester.							nber of days the student(s) was
<ol> <li>This contract shall</li> </ol>	terminate at the er	nd of the school y	ear or when the	student(s) is no longe		ne information accompany nool, whichever occurs firs		L D-4-
Elementary School I Ophir Elem		Chair, Boa	ard of Truste	es				Date
High School District		Chair, Boa	ard of Truste	es				Date
			I attes	t that the above i	information	is true and correct.		<u> </u>
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501		Due to School Clerk June 1					
Elementary District Re	sponsible for Re	imbursing the	Contract			County	1	Legal Entity	
Ophir Elem						Gallatin		0375	
High School or K-12 D	istrict Responsit	le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share  ☐ yes ☐ no	ed between el	ementary ar	d high school	ol?					
Are you applying for			□ No		Stud	dent Name	School		Grade
(If yes, please attac ISOLATION: Section	20-10-142, MCA	, provides for			]				
rates for special circum increased rates, individ trustees of the district,	lual circumstand the county trans	es must be re sportation com	viewed and apmittee, and the	proved by the	Stud	lent Name	School		Grade
Public Instruction. (10.	·	J	,		Stud	dent Name	School		Grade
Check here only if incre District Trustees and the		portation Con	mittee.	proved by the					
Elem District Approval	□ yes □	Ini □ no	tials		Stud	lent Name	School		Grade
HS District Approval County Approval		□ no □ no				S CONTRACT IS FO	PR:		
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	☐ 2nd Semester Only	v □ Both Sei	mesters
David Johnson						kindergarten/Kinderg	•	,	
Physical Address (s	treet address	only):					☐ 2nd Semester Only	y 🗆 Both Sei	mesters
					KIN	DERGARTEN/PREM	(INDERGARTEN:		
Distance from home Elementary <b>8.4</b>	to nearest so HS <b>0</b>	hool (one wa	ay)		bv t	his contract:	s <u>with</u> other school-a times per day, _ times per day, _	_	
Distance from home Elementary <b>0</b>	to nearest bu	ıs stop, if an	y (one way)		<b>Kin</b> d To d	dergarten child ride or from Bus Stop	s <u>without</u> other scho times per day, _	<b>ol-age student</b> days	s per week
□ Contract is for o	ne-way only				To c	or from School	times per day, _	days	s per week
Students in Each Grade Le	evel - Only include	the students to b	be covered by thi	s contract.		adlines: RENTS: Due to Scho	aal Clark lung 1		
	Pre-K	_ K	1-8	9-12					
	Total	Total	Total	Total	CLE files		to County Supt by July	y 1, retain a cop	by for your
Regular Trans					COL	INTY SUPERINTEN	<b>DENTS</b> : Send origina	l to OPI by July	10 retain a
Spec. Ed. Trans						for your files.	DENTITY CONTROLLEN	ii to or r by oury	10, 10.0
Room & Board							IMBURSEMENT RA		
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.									
Contingency						Reimbu	ursement rate is detern 20-10-142, MCA.	nined by	
Spec. Ed. Contin.							,		
Agreement betweer	n parent (parer	nt name)			, and	d school district (distr	ict name)		,
(county name)				County, hereina	after referred	to as the District(s).			
	ansport or provide t						session. The parent or guard	ian assures that a lic	censed and
	, the District shall p					nce reported on the contraction by the teacher or pr	incipal of the school of the nul	mber of days the stu	dent(s) was
<ol><li>The payment shall</li></ol>	be computed on th	e basis of the so	chedule establish year or when the	ned in Section 20-10- student(s) is no lond	-142, MCA, and ger enrolled in so	the information accompany chool, whichever occurs firs	ing this contract. t.		
Elementary School Ophir Elem			ard of Truste					Date	
High School District		Chair, Boa	ard of Truste	es				Date	
			Lattes	t that the above	information	is true and correct.			
Signature - Parent or	Guardian		i alles	נ נוום: נווכ מטטעפ	miomation	is true and correct.	Date		
<u> </u>									

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620	-2501	Due to School Clerk June 1						
Elementary District Responsible for Reimbursing the Contract						County		Legal Entity	
Ophir Elem						Gallatin		0375	
High School or K-12 District Responsible for Reimbursing the Contract						County		Legal Entity	
Is this contract shared between elementary and high school?  ☐ yes ☐ no									
Are you applying for isolation status? ☐ Yes ☐ No (If yes, please attach explanation)  ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement						ent Name	School	Grade	
rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)					Stude	ent Name	School	Grade	
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.					Stude	ent Name	School	Grade	
Initials Elem District Approval □ yes □ no						ent Name	School	Grade	
HS District Approval							DR:		
Parent or Guardian Name: (Please Print)						Grades 1-12 ☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters			
Diane Lundsten						kindergarten/Kinder	garten		
Physical Address (street address only):						t Semester Only	☐ 2nd Semester Only	y    Both Semesters	
Distance from home Elementary 7  Distance from home Elementary 0  Contract is for or Students in Each Grade Leader Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS <b>0</b> to nearest bu HS <b>0</b> ne-way only	s stop, if any	(one way)	s contract.  9-12 Total	Kind by th To or To or Kind To or To or PAR CLEfiles.	is contract:  from Bus Stop  from School  ergarten child ride from Bus Stop  from School  dlines:  ENTS: Due to School  RKS: Send original  NTY SUPERINTEN for your files.  RE  (For dist	times per day,times per day,times per day,s without other schotimes per day,times per day,times per day,tool Clerk June 1.	days per week da	
Agreement between parent (parent name)									
High School District Chair, Board of Trustees								Date	
I attest that the above information is true and correct.									
Signature - Parent or Guardian Date									

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	-2501				ol Clerk June 1		
Elementary District Re	sponsible for Re	imbursing the (	Contract			County	l	Legal Entity
Ophir Elem						Gallatin		0375
High School or K-12 D	istrict Responsib	le for Reimburs	sing the Cont	ract		County		Legal Entity
Is this contract shar  ☐ yes ☐ no	ed between el	ementary and	d high school	ol?				
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstance the county trans	tion of residences must be reversely common time.	ce. In order to iewed and appointed, and the	o receive oproved by the	Stud	dent Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade
Elem District Approval HS District Approval	□ yes	Initi	ials		Stud	dent Name	School	Grade
County Approval	□ yes	no				S CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	ly   Both Semesters
Eric & Stacy Os Physical Address (s	sorio	oulv).				-kindergarten/Kinder		5 !! 6
1 Hysical Address (s	arcet address	orny).				·		ly   Both Semesters
Distance from home Elementary 0  Distance from home Elementary 3.2  Contract is for o	HS <b>0</b> e to nearest bu HS <b>0</b>				Kin by t To c To c Kin To c	this contract: or from Bus Stop or from School dergarten child ride or from Bus Stop	times per day, times per day, times per day, s without other scho	days per week days per week col-age students: days per week days per week days per week days per week
Students in Each Grade Lo	, ,	the students to be	covered by thi	is contract.	De	adlines:		
	Pre-K	К	1-8	9-12	PAF	RENTS: Due to Sch	ool Clerk June 1.	
	Total	Total	Total	Total	CLE files		to County Supt by Jul	ly 1, retain a copy for your
Regular Trans							IDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans						y for your files.	IDENTS. Send ongine	ar to OFT by July 10, letaill a
Room & Board							EIMBURSEMENT R	
Correspondence						(i oi dist	not, county and Or i	ruse offiy)
Reg. Contingency						Reimb	ursement rate is deter	mined by
Spec. Ed. Contin.							20-10-142, MCA.	
Agreement betweer	n parent (parer	nt name)				d school district (distr		,
insured driver will to 2. In March and June transported for the	ansport or provide t ransport the studer , the District shall p past semester.	nts. Mileage contr ay the parent the	the student(s) to racts are valid of sum officially a	o and from the school only when transportation pproved in the applica	or bus stop or on for the dista ation upon cert	ince reported on the contract	session. The parent or guard ct actually occurs. rincipal of the school of the nu	dian assures that a licensed and umber of days the student(s) was
	terminate at the en		ear or when the	student(s) is no longe		chool, whichever occurs firs		Date
Ophir Elem		,						
High School District		Chair, Boar	a of Truste	es				Date
			I attes	t that the above	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

PO Box 202501 Helena, MT 59620	-2501	D	Oue to School Clerk June 1		
Elementary District Responsible for Re	eimbursing the Conf	ract	County		Legal Entity
Ophir Elem			Gallatin		0375
High School or K-12 District Responsib	ole for Reimbursing	the Contract	County		Legal Entity
Is this contract shared between el	ementary and hi	gh school?			•
Are you applying for isolation statu		No	Student Name	School	Grade
(If yes, please attach explanation)  ISOLATION: Section 20-10-142, MCA	A, provides for incre			3011001	- Crado
rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans	es must be reviewe	ed and approved by the	Student Name	School	Grade
Public Instruction. (10.7.116 ARM prov			Student Name	School	Grade
Check here only if increased payment District Trustees and the County Trans			Student Name	SCHOOL	Grade
	Initials □ no	<u></u>	Student Name	School	Grade
	□ no □ no		THIS CONTRACT IS FO	OR:	
Parent or Guardian Name: (Please	e Print)		Grades 1-12  ☐ 1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Gene & Letisha Smith			Pre-kindergarten/Kinder	rgarten	
Physical Address (street address	only):		☐ 1st Semester Only		/ □ Both Semesters
			KINDERGARTEN/PREI		
Distance from home to nearest so Elementary 11.5 HS 0	hool (one way)		by this contract:	<del></del>	ge students also covered
Distance from home to nearest bu	ıs stop, if any (on	e way)	To or from School  Kindergarten child ride	times per day, _	days per week days per week
Elementary 0 HS 0		• ,	To or from Bus Stop	times per day, _	days per week days per week
□ Contract is for one-way only				times per day, _	days per week
Students in Each Grade Level - Only include	the students to be cov	ered by this contract.	Deadlines: PARENTS: Due to Sch	ool Clerk June 1.	
Pre-K Total		1-8 9-12 otal Total			/ 1, retain a copy for your
Regular Trans			files.	. to county capt by car	, .,
Spec. Ed. Trans			COUNTY SUPERINTEN copy for your files.	NDENTS: Send origina	I to OPI by July 10, retain a
Room & Board				EIMBURSEMENT RA	ATE
Correspondence			(For dist	rict, county and OPI	use only)
Reg.			Daireh		alle and leave
Contingency Spec. Ed. Contin.			Reimb	ursement rate is determ 20-10-142, MCA.	nined by
Spec. Ed. Contin.					
Agreement between parent (parer	nt name)		, and school district (dist	rict name)	,,
(county name) The parties agree as follows:		County, herein	after referred to as the District(s).		
<ol> <li>The parent shall transport or provide t</li> </ol>			ool or bus stop on the days when school is in ation for the distance reported on the contra		ian assures that a licensed and
In March and June, the District shall p transported for the past semester.	pay the parent the sum	officially approved in the appl	ication upon certification by the teacher or p	rincipal of the school of the nur	nber of days the student(s) was
<ol><li>The payment shall be computed on the</li></ol>			0-142, MCA, and the information accompany iger enrolled in school, whichever occurs first		
Elementary School District Ophir Elem	Chair, Board o	f Trustees			Date
High School District	Chair, Board o	f Trustees			Date
		I attest that the above	e information is true and correct.		
Signature - Parent or Guardian				Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT  59620	-2501		Di	ue to School C	lerk June 1			
Elementary District Res	sponsible for Re	imbursing the	Contract		Со	unty	,	Legal Entity	
Ophir Elem					G	allatin		0375	
High School or K-12 Di	strict Responsib	ole for Reimbu	rsing the Con	tract	Со	unty		Legal Entity	
Is this contract share  ☐ yes ☐ no	ed between el	ementary ar	nd high scho	ol?					
Are you applying for (If yes, please attach			□ No		Student	Name	School		Grade
ISOLATION: Section 2	20-10-142, MCA	, provides for							
increased rates, individ trustees of the district,	lual circumstand	es must be re	viewed and a	oproved by the	Student	Name	School		Grade
Public Instruction. (10.7				e Office of	Student	Nome	Cahaal		Crada
Check here only if incre District Trustees and th				proved by the	Student	INAITIE	School		Grade
Elem District Approval	Ť		itials		Student	Name	School		Grade
HS District Approval County Approval	□ yes □	no no			THIS CO	NTRACT IS FO	OR:		
Parent or Guardian					Grades		 □ 2nd Semester Onl	v □ Both Se	emesters
Jolene Bing						•		y Bourec	ATTOSICIO
Physical Address (st	treet address	only):				ergarten/Kinder emester Only	2nd Semester Only	y 🗆 Both Se	emesters
							KINDERGARTEN:		
Distance from home	to nearest sc	hool (one wa	ay)			arten child ride contract:	es with other school-a	age students a	ilso covered
Elementary 4	HS <b>0</b>				To or fro	m Bus Stop	times per day, _	day	s per week
Distance from home Elementary <b>0</b>	to nearest bu HS <b>0</b>	is stop, if an	y (one way)		Kinderg To or fro	arten child ride m Bus Stop	times per day, _ es <u>without</u> other scho times per day, _ times per day, _	ol-age studen day	ts: s per week
□ Contract is for or	ne-way only				To or fro	m School	times per day, _	day	s per week
Students in Each Grade Le	evel - Only include	the students to I	be covered by th	is contract.	<u>Deadli</u>		ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERK		I to County Supt by July	y 1, retain a co	py for your
Regular Trans					files.				
Spec. Ed. Trans						Y SUPERINTEN your files.	IDENTS: Send origina	al to OPI by Jul	y 10, retain a
Room & Board						RE	EIMBURSEMENT RA	ATE	
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.						_			
Contingency						Reimb	ursement rate is detern 20-10-142, MCA.	nined by	
Spec. Ed. Contin.							·		
Agreement between	parent (parer	nt name)			, and sch	nool district (dist	rict name)		,
(county name) The parties agree as follow	16.			County, hereina	fter referred to a	s the District(s).			
The parent shall tra insured driver will tr	nsport or provide transport the studer	nts. Mileage cor	ntracts are valid of	only when transportat	ion for the distance re	ported on the contra	n session. The parent or guard ct actually occurs.		
In March and June, transported for the	the District shall p past semester.	ay the parent th	e sum officially a	pproved in the applic	ation upon certification	n by the teacher or p	rincipal of the school of the nu	mber of days the stu	ident(s) was
<ol> <li>This contract shall t</li> </ol>	terminate at the en	d of the school	year or when the	ned in Section 20-10- student(s) is no long				Data	
Elementary School I Ophir Elem		,	ard of Truste					Date	
High School District		Chair, Boa	ard of Truste	es				Date	
			I attes	t that the above	information is tr	ue and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	-2501				ol Clerk June 1		
Elementary District Re	sponsible for Re	imbursing the C	Contract			County	<u> </u>	Legal Entity
Ophir Elem						Gallatin		0375
High School or K-12 D	istrict Responsib	le for Reimburs	sing the Cont	ract		County		Legal Entity
Is this contract shar  ☐ yes ☐ no	ed between el	ementary and	l high scho	ol?				
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade
ISOLATION: Section rates for special circum increased rates, individuates of the district,	nstances of isola dual circumstance the county trans	tion of residences must be revi sportation comm	e. In order to iewed and applittee, and the	o receive oproved by the	Stud	dent Name	School	Grade
Public Instruction. (10.  Check here only if incr	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade
District Trustees and the Elem District Approval	□ yes	Initi □ no	als		Stud	dent Name	School	Grade
HS District Approval County Approval	•	□ no □ no			<u>THI</u>	S CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester On	ly   Both Semesters
Josette & Brad					Pre-	-kindergarten/Kinder	garten	
Physical Address (s	treet address	only):			□ 1	st Semester Only	☐ 2nd Semester On	ly Doth Semesters
Distance from home Elementary 11  Distance from home Elementary 0  Contract is for o Students in Each Grade Low Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS <b>0</b> e to nearest bu HS <b>0</b> ne-way only	s stop, if any	(one way)	s contract.  9-12 Total	Kinder Factor Fa	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original .  UNTY SUPERINTEN y for your files.  REA (For dist	times per day,	days per week days per week days per week  Iy 1, retain a copy for your  al to OPI by July 10, retain a  ATE I use only)
insured driver will t 2. In March and June transported for the 3. The payment shall	vs: nansport or provide t ransport the studer, the District shall p past semester. be computed on the terminate at the en District	ransportation for tots. Mileage contribute parent the parent the set basis of the sch	he student(s) to acts are valid of sum officially a edule establish ar or when the rd of Truste	o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longe	or bus stop on on for the dista ation upon certi	nce reported on the contract	session. The parent or guar ct actually occurs. rincipal of the school of the nu	dian assures that a licensed and umber of days the student(s) was  Date  Date
		<u> </u>	l attes	t that the above i	information	is true and correct.		
Signature - Parent or	Guardian		. 41100			3011001.	Date	
-								

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501		Due to School Clerk June 1					
Elementary District Re	sponsible for Re	imbursing the	Contract			County	1	Legal Entity	
Ophir Elem						Gallatin		0375	
High School or K-12 D	istrict Responsit	le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share  ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?					
Are you applying for			□ No		Stud	dent Name	School		Grade
(If yes, please attac ISOLATION: Section	20-10-142, MCA	, provides for							
rates for special circum increased rates, individ trustees of the district,	lual circumstand the county trans	es must be re sportation com	viewed and apmittee, and the	proved by the	Stud	dent Name	School		Grade
Public Instruction. (10.	·	J	,		Stud	dent Name	School		Grade
Check here only if incre District Trustees and the		portation Com	mittee.	proved by the					
Elem District Approval	□ yes □	Ini □ no	tials		Stud	lent Name	School		Grade
HS District Approval County Approval		□ no □ no				S CONTRACT IS FO	PR:		
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	☐ 2nd Semester Only	v □ Both Sei	mesters
Marnie Salmine	n					kindergarten/Kinderg	•	,	
Physical Address (s		only):					☐ 2nd Semester Only	y 🗆 Both Sei	mesters
					KIN	DERGARTEN/PREM	(INDERGARTEN:		
Distance from home Elementary 8.8	to nearest so HS <b>0</b>	hool (one wa	ay)		bv t	his contract:	s <u>with</u> other school-a times per day, _ times per day, _	_	
Distance from home Elementary <b>0</b>	to nearest bu	ıs stop, if an <u>ı</u>	y (one way)		<b>Kin</b> d To d	dergarten child ride or from Bus Stop	s <u>without</u> other scho times per day, _	ol-age student days	s per week
□ Contract is for o	ne-way only				To c	or from School	times per day, _	days	s per week
Students in Each Grade Le	evel - Only include	the students to b	e covered by thi	s contract.		adlines:	101.1.1		
	Pre-K	K	1-8	9-12	PAR	RENTS: Due to Scho	DOI Clerk June 1.		
	Total	Total	Total	Total	CLE files		to County Supt by July	y 1, retain a cop	y for your
Regular Trans					COL	INTV CUDEDINTEN	DENTS: Sand origina	ul to ODI by July	10 rotain a
Spec. Ed. Trans						for your files.	<b>DENTS</b> : Send origina	ii to OFI by July	TO, TELAIIT A
Room & Board						RE	IMBURSEMENT RA	ATE	
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.									
Contingency						Reimbu	ursement rate is detern 20-10-142, MCA.	nined by	
Spec. Ed. Contin.							, -		
Agreement betweer	n parent (parer	nt name)			, and	d school district (distr	ict name)		,
(county name)				County, hereina	after referred	to as the District(s).			
	ansport or provide t						session. The parent or guard	ian assures that a lic	ensed and
	, the District shall p					nce reported on the contraction by the teacher or pr	incipal of the school of the nul	mber of days the stu	dent(s) was
<ol><li>The payment shall</li></ol>	be computed on th	e basis of the so	chedule establish year or when the	ned in Section 20-10 student(s) is no long	-142, MCA, and ger enrolled in so	the information accompany chool, whichever occurs firs	ing this contract. t.		
Elementary School Ophir Elem			ard of Truste					Date	
High School District		Chair, Boa	ard of Truste	es				Date	
			Lattes	t that the above	information	is true and correct.			
Signature - Parent or	Guardian		i alles	t triat trie above	inionnation	is true and correct.	Date		
<u> </u>									

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena, MT 59620	)-2501	Due t	o School Clerk June 1		
Elementary District Responsible for Re	eimbursing the Contract		County		Legal Entity
Ophir Elem			Gallatin		0375
High School or K-12 District Responsit	ole for Reimbursing the Con	tract	County		Legal Entity
Is this contract shared between el □ yes □ no	ementary and high scho	ol?			
Are you applying for isolation state			Student Name	School	Grade
(If yes, please attach explanation)  ISOLATION: Section 20-10-142, MCA	) A, provides for increased reir	mbursement	Stadent Name	Concor	Grade
rates for special circumstances of isola increased rates, individual circumstance trustees of the district, the county transpublic Instruction. (10.7.116 ARM proving the county transpublic Instruction.)	ces must be reviewed and apsportation committee, and the	pproved by the	Student Name	School	Grade
Check here only if increased payment District Trustees and the County Trans	due to isolation has been ap	oproved by the	Student Name	School	Grade
	Initials □ no □ no □ no		Student Name	School	Grade
County Approval	□ no		THIS CONTRACT IS FOR: Grades 1-12		
Parent or Guardian Name: (Pleas	e Print)		☐ 1st Semester Only ☐	2nd Semester Only	□ Both Semesters
Pam & Roger Cantwell Physical Address (street address	only):		Pre-kindergarten/Kindergart  ☐ 1st Semester Only  ☐		□ Both Semesters
Distance from home to nearest so Elementary 8 HS 0  Distance from home to nearest but Elementary 0 HS 0  Contract is for one-way only Students in Each Grade Level - Only include  Pre-K Total  Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	times per day,times p	days per week days per week  1, retain a copy for your  to OPI by July 10, retain a  TE use only)  ned by			
insured driver will transport the stude 2. In March and June, the District shall p transported for the past semester. 3. The payment shall be computed on the	transportation for the student(s) t nts. Mileage contracts are valid on the parent the sum officially as the basis of the schedule establist	County, hereinafter of and from the school or boomly when transportation for approved in the application the dim Section 20-10-142, a student(s) is no longer en	, and school district (district referred to as the District(s). has stop on the days when school is in sessor the distance reported on the contract act upon certification by the teacher or princip MCA, and the information accompanying the inschool, whichever occurs first.	sion. The parent or guardiar tually occurs. pal of the school of the numb	n assures that a licensed and
High School District	Chair, Board of Truste	ees			Date
	I attes	t that the above info	ormation is true and correct.		
Signature - Parent or Guardian			Da	ate	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

PO Box 202501 Helena, MT 5962	0-2501	D	ue to School Clerk June 1		
Elementary District Responsible for R	teimbursing the Cont	ract	County	l	Legal Entity
Ophir Elem			Gallatin		0375
High School or K-12 District Respons	ible for Reimbursing	the Contract	County		Legal Entity
Is this contract shared between e □ yes □ no	elementary and hig	jh school?	<u> </u>		•
Are you applying for isolation sta		No	Student Name	School	Grade
(If yes, please attach explanation ISOLATION: Section 20-10-142, MC	A, provides for increa			3011001	- Crado
rates for special circumstances of isol increased rates, individual circumstan trustees of the district, the county tran	ices must be reviewe	ed and approved by the	Student Name	School	Grade
Public Instruction. (10.7.116 ARM pro			Student Name	School	Grade
Check here only if increased payment District Trustees and the County Tran	sportation Committe		Olddell Wallie	CONTOOL	Grade
Elem District Approval  yes	Initials	<u></u>	Student Name	School	Grade
HS District Approval ☐ yes County Approval ☐ yes	□ no	<u> </u>	THIS CONTRACT IS FO	DR:	
Parent or Guardian Name: (Pleas	se Print)		Grades 1-12  ☐ 1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Sam & Don McAndrew			Pre-kindergarten/Kinder	garten	
Physical Address (street address	s only):		☐ 1st Semester Only		/ □ Both Semesters
			KINDERGARTEN/PREI		
Distance from home to nearest s Elementary <b>16.5</b> HS <b>0</b>	chool (one way)		by this contract:	· · · · · · · · · · · · · · · · · · ·	ge students also covered  days per week
Distance from home to nearest b	us stop, if any (on	e way)	To or from School Kindergarten child ride	times per day, _ es without other scho	days per week ol-age students:
Elementary 0 HS 0			To or from Bus Stop	times per day, _	days per week days per week
☐ Contract is for one-way only				unics per day, _	days per week
Students in Each Grade Level - Only include	e the students to be cove	ered by this contract.	<u>Deadlines:</u> PARENTS: Due to Sch	ool Clerk June 1.	
Pre-K Total		1-8 9-12 otal Total	<b>CLERKS:</b> Send origina files.	I to County Supt by July	/ 1, retain a copy for your
Regular Trans				IDENTO 0 1 1 1 1	05
Spec. Ed. Trans			copy for your files.	IDENIS: Send origina	I to OPI by July 10, retain a
Room & Board				IMBURSEMENT RA	
Correspondence			(For dist	rict, county and OPI	use only)
Reg.			Reimb	ursement rate is detern	 nined by
Contingency Spec. Ed. Contin.			Ttoline	20-10-142, MCA.	iniod by
Agreement between parent (pare	ent name)		, and school district (dist	rict name)	······································
(county name) The parties agree as follows:		County, hereina	after referred to as the District(s).		
The parent shall transport or provide insured driver will transport the students.	ents. Mileage contracts	are valid only when transporta	ol or bus stop on the days when school is in ation for the distance reported on the contra	ct actually occurs.	
transported for the past semester.			cation upon certification by the teacher or p		nber of days the student(s) was
<ol> <li>This contract shall terminate at the example.</li> </ol>	end of the school year or	when the student(s) is no long	I-142, MCA, and the information accompany ger enrolled in school, whichever occurs firs		T -
Elementary School District Ophir Elem	Chair, Board of	t Trustees			Date
High School District	Chair, Board of	f Trustees			Date
	1	I attest that the above	e information is true and correct.		
Signature - Parent or Guardian				Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620	-2501				ol Clerk June 1		
Elementary District Re	sponsible for Re	imbursing the C	ontract			County	<u> </u>	Legal Entity
Ophir Elem						Gallatin		0375
High School or K-12 D	istrict Responsit	le for Reimburs	ing the Contr	act		County		Legal Entity
Is this contract shar  ☐ yes ☐ no	ed between el	ementary and	high schoo	l?				
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola lual circumstand the county trans	tion of residence es must be revieus portation commi	e. In order to ewed and ap ittee, and the	receive proved by the	Stud	dent Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolation I	nas been app	proved by the	Stud	dent Name	School	Grade
Elem District Approval HS District Approval	□ yes	Initia □ no □ no □ no	ils		Stud	dent Name	School	Grade
County Approval	□ yes	□ no				S CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Onl	ly   Both Semesters
Sherrill Morris					Pre-	-kindergarten/Kinder	garten	
Physical Address (s	treet address	only):			□ 1	st Semester Only	<ul> <li>2nd Semester Onl</li> </ul>	ly   Both Semesters
Distance from home Elementary 16.5  Distance from home Elementary 0  Contract is for o Students in Each Grade Low Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS 0 e to nearest bu HS 0 ne-way only	is stop, if any (	(one way)	9-12 Total	Kind by the Took Kind Took Took Took PAR	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original .  UNTY SUPERINTEN y for your files.  REA (For dist	times per day, times	days per week da
insured driver will t 2. In March and June transported for the 3. The payment shall	vs: nnsport or provide t ransport the studer, the District shall p past semester. be computed on th terminate at the en	ransportation for the thirts. Mileage contral the parent the sale basis of the sche	e student(s) to licts are valid of lum officially ap- edule establisher or when the stable of Trustee	and from the school nly when transportation proved in the applicated in Section 20-10-1 student(s) is no longe	ter referred or bus stop on on for the dista tition upon certi 42, MCA, and	nce reported on the contract	session. The parent or guard at actually occurs. incipal of the school of the nu	dian assures that a licensed and simber of days the student(s) was  Date  Date
			l attest	that the above i	information	is true and correct.		
Signature - Parent or	Guardian		. 411001				Date	
-								

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena, MT 59620	0-2501	Due	to School Clerk June 1				
Elementary District Responsible for Re	eimbursing the Contract		County	Lega	I Entity		
Ophir Elem			Gallatin	037	5		
High School or K-12 District Responsi	ble for Reimbursing the Cor	ntract	County		I Entity		
Is this contract shared between e □ yes □ no	lementary and high scho	ool?	<u>'</u>				
Are you applying for isolation stat			Student Name	School	Grade		
(If yes, please attach explanation ISOLATION: Section 20-10-142, MC/	) A. provides for increased rei	imbursement	Oldden Name	CONOCI	Grade		
rates for special circumstances of isola increased rates, individual circumstan- trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov	ation of residence. In order ces must be reviewed and a sportation committee, and the	to receive approved by the	Student Name	School	Grade		
Check here only if increased payment District Trustees and the County Trans	due to isolation has been a	pproved by the	Student Name	School	Grade		
Elem District Approval □ yes	Initials  no no		Student Name	School	Grade		
County Approval	□ no		THIS CONTRACT IS FOR: Grades 1-12				
Parent or Guardian Name: (Pleas	se Print)			2nd Semester Only	Both Semesters		
Tawnya Garz-Brewer Physical Address (street address	only):		Pre-kindergarten/Kindergarte		3oth Semesters		
Distance from home to nearest school (one way) Elementary 20  HS 0  Distance from home to nearest bus stop, if any (one way) Elementary 0  HS 0  Contract is for one-way only  Students in Each Grade Level - Only include the students to be covered by this contract.  Pre-K							
insured driver will transport the stude 2. In March and June, the District shall transported for the past semester. 3. The payment shall be computed on the transported for the past semester. 4. This contract shall terminate at the elementary School District Ophir Elem	transportation for the student(s) ints. Mileage contracts are valid pay the parent the sum officially the basis of the schedule establis	County, hereinafted to and from the school of only when transportation approved in the application shed in Section 20-10-14; e student(s) is no longer	, and school district (district ner referred to as the District(s).  In the bus stop on the days when school is in sessing for the distance reported on the contract actuon upon certification by the teacher or principal 2, MCA, and the information accompanying the enrolled in school, whichever occurs first.	ion. The parent or guardian assure ually occurs. al of the school of the number of da	ays the student(s) was		
High School District	Chair, Board of Truste	ees		Date			
	I attes	st that the above in	formation is true and correct.				
Signature - Parent or Guardian			Dat	te			

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	, MT 59620	-2501		Du	e to Scho	ol Clerk June 1			
Elementary District Resp	onsible for Re	imbursing the	Contract			County		Legal Entity	
Amsterdam Elem						Gallatin		0376	
High School or K-12 Distr		le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract shared  ☐ yes ☐ no	between ele	ementary ar	nd high school	ol?					
Are you applying for is			□ No		Stuc	lent Name	School	Grad	_ 1e
(If yes, please attach e ISOLATION: Section 20	explanation) -10-142, MCA	, provides for	increased rein	nbursement	Otac	ioni vaine	Concor	Grac	
rates for special circumst increased rates, individua trustees of the district, the Public Instruction. (10.7.1	al circumstance e county trans	es must be re portation com	viewed and ap mittee, and the	proved by the	Stuc	lent Name	School	Grad	<del>l</del> e
Check here only if increase District Trustees and the	sed payment o	due to isolatio	n has been ap	proved by the	Stud	lent Name	School	Grad	je
	□ yes □	no	itials			lent Name	School	Grad	<del>ie</del>
County Approval  Parent or Guardian Na		no				S CONTRACT IS FO des 1-12	<u>)R:</u>		
	•	5 FIIII()			□ 1	st Semester Only	☐ 2nd Semester Only	□ Both Semesters	
Daniel Kamermar Physical Address (stre		only):				kindergarten/Kinder st Semester Only	garten □ 2nd Semester Only	<i>y</i> □ Both Semesters	
Distance from home to nearest school (one way) Elementary 4.4 HS 0  Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0  Contract is for one-way only  Students in Each Grade Level - Only include the students to be covered by this contract.  Pre-K K Total Total Total  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg. Contingency Spec. Ed. Contin.  Distance from home to nearest bus stop, if any (one way) HS 0  Kindergarten child rides with other school-age students suby this contract.  Kindergarten child rides without other school-age students suby this contract.  To or from Bus Stop times per day, days provides without other school-age students.  Kindergarten child rides with other school-age students also by this contract.  For from Subs Stop times per day, days provides without other school-age students.  For from Subs Stop times per day, days provides without other school-age students.  Kindergarten child rides with other school-age students also by this contract.  For from Subs Stop times per day, days provides without other school-age students.  For from Subs Stop times per day, days provides without other school-age students.  Courfing school Times per day, days provides without other school-age students.  For from Subs Stop times per day, days provides without other school-age students.  Courfing school Times per day, days provides without other school-age students.  Courfing school Times per day, days provides without other school-age students.  Courfing school Times per day, days provides without other school-age students.  Courfing school Times per day, days provides without other school-age students.  Courfing school Times per day, days provides without other school-age students.  CLERKS: Send original to County Supt by July 1, retain a copy files.  COUNTY SUPERINTENDENTS: Send original to OPI by July 1 copy for your files.  REIMBURSEMENT RATE (For district, county and OPI use only)								days per wee	ek ek ek ek
insured driver will tran In March and June, th transported for the pa The payment shall be This contract shall ter Elementary School Dia Amsterdam Elem	port or provide tr sport the studen e District shall pis t semester. computed on the minate at the en	ransportation for this. Mileage cor ay the parent the basis of the sod of the school Chair, Boa	r the student(s) to tracts are valid of e sum officially al chedule establish year or when the and of Truster	County, hereinaf o and from the school only when transportation oproved in the applicated in Section 20-10-1 student(s) is no longe	ter referred or bus stop on on for the dista tition upon certif 42, MCA, and	to as the District(s). the days when school is in	ct actually occurs. rincipal of the school of the nun ring this contract.	an assures that a licensed and ober of days the student(s) was	
High School District		Chair, Boa	ard of Trustee	es				Date	
			I attest	that the above i	information	is true and correct.			
Signature - Parent or G	uardian						Date	<del></del>	-

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620	-2501		Du	e to School Cle	erk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		Cour	nty		Legal Entity
Amsterdam Ele	m				Gal	latin		0376
High School or K-12 D		ole for Reimbu	rsing the Cont	tract	Cour			Legal Entity
Is this contract shar  ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?				
Are you applying fo			□ No		Student N	ame	School	Grade
(If yes, please attac			increased reir	mbursement	Olddelli 14	anic	Concor	Ciudo
rates for special circum increased rates, individ					Student N	ame	School	Grade
trustees of the district, Public Instruction. (10.				e Office of				
Check here only if incr	·	J	·	proved by the	Student N	ame	School	Grade
District Trustees and the		sportation Com		,				<del></del>
Elem District Approval HS District Approval		□ no □ no			Student N	ame	School	Grade
County Approval	□ yes	□ no			THIS CON Grades 1-	NTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				nester Only	□ 2nd Semester Only	□ Both Semesters
Kristiu Stoilov Physical Address (s	troot addraga	anh ()				rgarten/Kinder		
Physical Address (s	areer address	oriiy).			□ 1st Ser	nester Only	□ 2nd Semester Only	□ Both Semesters
					KINDERG Kinderga	ARTEN/PREI	KINDERGARTEN:	ge students also covered
Distance from home Elementary <b>10.2</b>	e to nearest so HS <b>0</b>	chool (one wa	ıy)		by this co	ontract:		
•			,		To or from	n School	times per day, _	days per week days per week
Distance from home Elementary <b>0</b>	e to nearest bu HS <b>0</b>	is stop, if any	(one way)		Kinderga	rten child ride	es without other school	ol-age students:
□ Contract is for o	ne-way only				To or from	School	times per day, _	days per week
Students in Each Grade L	, ,	the students to b	e covered by th	is contract.	<u>Deadlin</u>			
	Pre-K	К	1-8	9-12	PARENTS	S: Due to Sch	ool Clerk June 1.	
	Total	Total	Total	Total	CLERKS: files.	Send origina	I to County Supt by July	1, retain a copy for your
Regular Trans							IDENTO O I I I I	0011 11 10 11
Spec. Ed. Trans					copy for y		IDENTS: Send original	I to OPI by July 10, retain a
Room & Board						RE	EIMBURSEMENT RA	TE.
Correspondence							rict, county and OPI	
Reg.								
Contingency						Reimb	ursement rate is determ 20-10-142, MCA.	nined by
Spec. Ed. Contin.							20-10-142, WOA.	
Agreement between	n parent (pare	nt name)			, and scho	ol district (dist	rict name)	,
(county name)				County, hereinaff	ter referred to as	the District(s).		
	ansport or provide							an assures that a licensed and
<ol><li>In March and June</li></ol>	, the District shall p			only when transportation only when transportation only when transportation in the application of the contract				nber of days the student(s) was
	be computed on the			ned in Section 20-10-1 student(s) is no longe				
Elementary School Amsterdam Elem			rd of Truste			, , , , , , , , , , , , , , , , , , ,		Date
High School District	:	Chair, Boa	rd of Truste	es				Date
			l otto-	t that the chave:	nformation is to	and correct		
Signature - Parent or	Guardian		ı attes	t that the above i	mormation is true	e and correct.	Date	
							1	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena, MT 59620	-2501	Due to So	chool Clerk June 1				
Elementary District Responsible for Re	imbursing the Contract		County		Legal Entity		
Amsterdam Elem			Gallatin		0376		
High School or K-12 District Responsib	ole for Reimbursing the Cont	ract	County		Legal Entity		
Is this contract shared between el □ yes □ no	ementary and high school	ol?	<u> </u>				
Are you applying for isolation state			Student Name	School	Grade		
(If yes, please attach explanation)  ISOLATION: Section 20-10-142, MCA	A, provides for increased rein		otadent Name	Concor	Crade		
rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov	ition of residence. In order to ses must be reviewed and ap sportation committee, and the	o receive oproved by the	Student Name	School	Grade		
Check here only if increased payment District Trustees and the County Trans	due to isolation has been ap	proved by the	Student Name	School	Grade		
HS District Approval ☐ yes	Initials   no   no		Student Name	School	Grade		
County Approval  yes  Parent or Guardian Name: (Please	no		THIS CONTRACT IS FO Grades 1-12	<u>)K:</u>			
	e Fillit)		☐ 1st Semester Only	☐ 2nd Semester Only	☐ Both Semesters		
Martin & Jennifer Reese Physical Address (street address	only):		Pre-kindergarten/Kinderg  1st Semester Only		□ Both Semesters		
Distance from home to nearest school (one way) Elementary 5.8  HS 0  Distance from home to nearest bus stop, if any (one way) Elementary 0  HS 0  Contract is for one-way only  Students in Each Grade Level - Only include the students to be covered by this contract.  Pre-K							
Agreement between parent (parer  (county name) The parties agree as follows: 1. The parent shall transport or provide to insured driver will transport the studer 2. In March and June, the District shall post transported for the past semester. 3. The payment shall be computed on the total transported shall terminate at the energy school District Amsterdam Elem	ransportation for the student(s) to tts. Mileage contracts are valid c ay the parent the sum officially a the basis of the schedule establish	County, hereinafter refe o and from the school or bus sto only when transportation for the pproved in the application upon ted in Section 20-10-142, MCA, student(s) is no longer enrolled	distance reported on the contract n certification by the teacher or pr , and the information accompany	session. The parent or guardia ct actually occurs. rincipal of the school of the num ring this contract.	an assures that a licensed and		
High School District	Chair, Board of Truste	es			Date		
	I attes	t that the above informa	ation is true and correct.				
Signature - Parent or Guardian				Date			

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	, MT 59620	-2501		Du	e to Scho	ol Clerk June 1			
Elementary District Resp	onsible for Re	imbursing the	Contract			County		Legal Entity	
Amsterdam Elem						Gallatin		0376	
High School or K-12 District Responsible for Reimbursing the Contract						County		Legal Entity	
Is this contract shared  □ yes □ no	l between ele	ementary ar	nd high schoo	ol?					
Are you applying for is			□ No		Stuc	dent Name	School	Grade	
(If yes, please attach of ISOLATION: Section 20	explanation) -10-142, MCA	, provides for	increased reim	nbursement	Otac	ioni i vaino	Concor	Grade	
rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)						dent Name	School	Grade	į
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.						lent Name	School	Grade	!
lnitials  Elem District Approval □ yes □ no  HS District Approval □ yes □ no						lent Name	School	Grade	i
		no			THIS CONTRACT IS FOR: Grades 1-12				
Parent or Guardian Na	ame: (Please	e Print)				st Semester Only	□ 2nd Semester Only	/ □ Both Semesters	
Michael & Randi   Physical Address (stre		only):			Pre-kindergarten/Kindergarten  ☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters				
Distance from home to Elementary 6.2  Distance from home to Elementary 0  Contract is for one Students in Each Grade Level  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS <b>0</b> o nearest bu HS <b>0</b> e-way only	s stop, if an	y (one way)	s contract.  9-12 Total	Kine by t To c Kine To c Vine To c Vine To c C C C C C C C C C C C C C C C C C C C	his contract: or from Bus Stop or from School dergarten child ride or from School adlines: RENTS: Due to Scho ERKS: Send original or for your files.  RENTS:	times per day, times per day, times per day, ses without other schoot times per day, tool Clerk June 1.	days per week days per week days per week  7 1, retain a copy for your  I to OPI by July 10, retain  ATE use only)	
Agreement between parent (parent name)									
High School District		Chair, Boa	ard of Trustee	es				Date	
I attest that the above information is true and correct.									
Signature - Parent or Guardian Date									

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005 Due to School Clerk June 1 Contract #

Heler	na, MT 59620	-2501		Di	ue to Scho	ol Clerk June 1						
Elementary District Re	sponsible for Re	eimbursing the	Contract			County	•	Legal Entity				
Amsterdam Elem						Gallatin		0376				
High School or K-12 District Responsible for Reimbursing the Contract						County		Legal Entity				
Is this contract share	od botwoon ol	omontary an	d high scho	al2								
ges no	eu between ei	ementary an	u nign schoo	JI !								
Are you applying for isolation status? ☐ Yes ☐ No						lent Name	School		Grade			
(If yes, please attack	h explanation) 20-10-142 MCA	A provides for	increased rein	nbursement	1	ich rame	Contoon		Orado			
<b>ISOLATION:</b> Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive						Student Name School Gr						
increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)						550,550						
					Stuc	ent Name	School		Grade			
Check here only if incre District Trustees and the	eased payment one County Trans	due to isolatio	n has been ap imittee.	proved by the	Student Name School Grade							
		Ini	tials									
Elem District Approval HS District Approval	□ yes □	□ no □ no										
County Approval  Parent or Guardian		no				THIS CONTRACT IS FOR: Grades 1-12						
	·	e Fillit)			□ 1	st Semester Only	<ul> <li>2nd Semester Onl</li> </ul>	ly 🗆 Both Se	mesters			
Ron & Nell Baar					Pre-	kindergarten/Kinder	garten					
Physical Address (s	treet address	only):			□ 1	st Semester Only	☐ 2nd Semester Onl	ly 🗆 Both Se	mesters			
						DERGARTEN/PRE						
Distance from home	to nearest sc	hool (one wa	av)			lergarten child ride his contract:	es with other school-	age students a	Iso covered			
Elementary 6.6	HS 0		,		Too	r from Bus Stop	times per day, _	days	s per week			
Distance from home	to nearest bu	ıs stop, if an	(one way)		To o	To or from School times per day, days per week  Kindergarten child rides <u>without</u> other school-age students:  To or from Bus Stop times per day, days per week						
Elementary 0	HS <b>0</b>		, ,		Too							
□ Contract is for o	ne-way only				To o	r from School	times per day, _	days	s per week			
Students in Each Grade Le	evel - Only include	the students to b	e covered by thi	s contract.	Dea	adlines:						
	Pre-K	K	1-8	9-12	PAR	ENTS: Due to Sch	ool Clerk June 1.					
	Total	Total	Total	Total			to County Supt by Jul	ly 1, retain a cop	oy for your			
Regular Trans					files							
•							IDENTS: Send origina	al to OPI by July	/ 10, retain a			
Spec. Ed. Trans					copy	for your files.						
Room & Board					REIMBURSEMENT RATE							
Correspondence						(For dist	rict, county and OPI	use only)				
Reg.												
Contingency						Reimb	ursement rate is deterr 20-10-142, MCA.	mined by				
Spec. Ed. Contin.							20-10-142, WOA.					
	<u> </u>											
Agreement between	narent (narer	nt name)			and	l school district (distr	rict name)					
/ Igreement between	r parent (paren	it riame)				,	,		·'			
(county name) The parties agree as follow	vs:		(	County, hereina	ifter referred	to as the District(s).						
1. The parents shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.												
2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.												
<ol><li>The payment shall</li></ol>	be computed on th					the information accompany hool, whichever occurs firs						
Elementary School District Chair, Board of Trustees Date												
Amsterdam Elem High School District		Chair, Boa	ard of Truste	es				Date				
			I attes	t that the above	information	is true and correct.						
Signature - Parent or Guardian Date												

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620	)-2501	Due to School Clerk June 1							
Elementary District Re	sponsible for Re	eimbursing the	Contract			County		Legal Entity		
Amsterdam Elei	m					Gallatin		0376		
	ichool or K-12 District Responsible for Reimbursing the Contract					County		Legal Entity		
Is this contract share □ yes □ no	ed between el	lementary an	d high scho	ol?						
Are you applying for			□ No		Stude	ent Name	School	Grade		
(If yes, please attac ISOLATION: Section	20-10-142, MCA	A, provides for				one reamo	2011001	Sidds		
rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the					Stude	ent Name	School	Grade		
trustees of the district, Public Instruction. (10.				e Office of			· · · · · · · · · · · · · · · · · · ·			
Check here only if incre				proved by the	Stude	ent Name	School	Grade		
District Trustees and the	-	lni	mittee. tials		Stude	ent Name	School	Grade		
Elem District Approval HS District Approval	□ yes				THIS	CONTRACT IS FO	NR·			
County Approval  Parent or Guardian		e Print)			Grad	es 1-12	<u> </u>	Deth Competers		
Sharon L. Roe					☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters					
Physical Address (s	treet address	only):			Pre-k □ 1s	indergarten/Kinder t Semester Only	garten	y   Both Semesters		
					KIND	ERGARTEN/PRE	(INDERGARTEN:			
Distance from home	to nearest so	chool (one wa	ay)		Kindergarten child rides with other school-age students also covered by this contract:					
Elementary 4.9	HS <b>0</b>				To or	To or from Bus Stop times per day, days per week To or from School times per day, days per week				
Distance from home Elementary <b>0</b>	to nearest bu HS <b>0</b>	us stop, if any	y (one way)		<b>Kind</b> To or	ergarten child ride from Bus Stop	es <u>without</u> other scho times per day, _	ol-age students: days per week		
□ Contract is for o	ne-way only				To or	from School	times per day, _	days per week		
Students in Each Grade Le	evel - Only include	the students to b	e covered by the	is contract.	Dea PARI	dlines: ENTS: Due to Sch	nol Clerk June 1			
	Pre-K Total	K Total	1-8 Total	9-12 Total				y 1, retain a copy for your		
Pogular Trans	Total	Total	10141	Total	files.	tho. Selid Oligilia	to County Supt by Sur	y 1, retain a copy for your		
Regular Trans  Spec. Ed. Trans							IDENTS: Send origina	al to OPI by July 10, retain a		
•					сору	for your files.	INADU IDOEMENT D	ATE		
Room & Board							IMBURSEMENT RA			
Correspondence								·		
Reg. Contingency						Reimb	ursement rate is deterr	nined by		
Spec. Ed. Contin.							20-10-142, MCA.			
		1								
Agreement betweer	parent (pare	nt name)			, and	school district (dist	rict name)			
(county name) County, hereinafter referred to as the District(s).										
The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and										
insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.										
<ol><li>The payment shall</li></ol>	be computed on the	nd of the school y	ear or when the	student(s) is no longe		e information accompany ool, whichever occurs first		<del></del>		
Elementary School Amsterdam Elem	District	Chair, Boa	ard of Truste	es				Date		
High School District		Chair, Boa	Board of Trustees Date					Date		
			I attes	t that the above	information i	s true and correct.				
Signature - Parent or	Guardian						Date			